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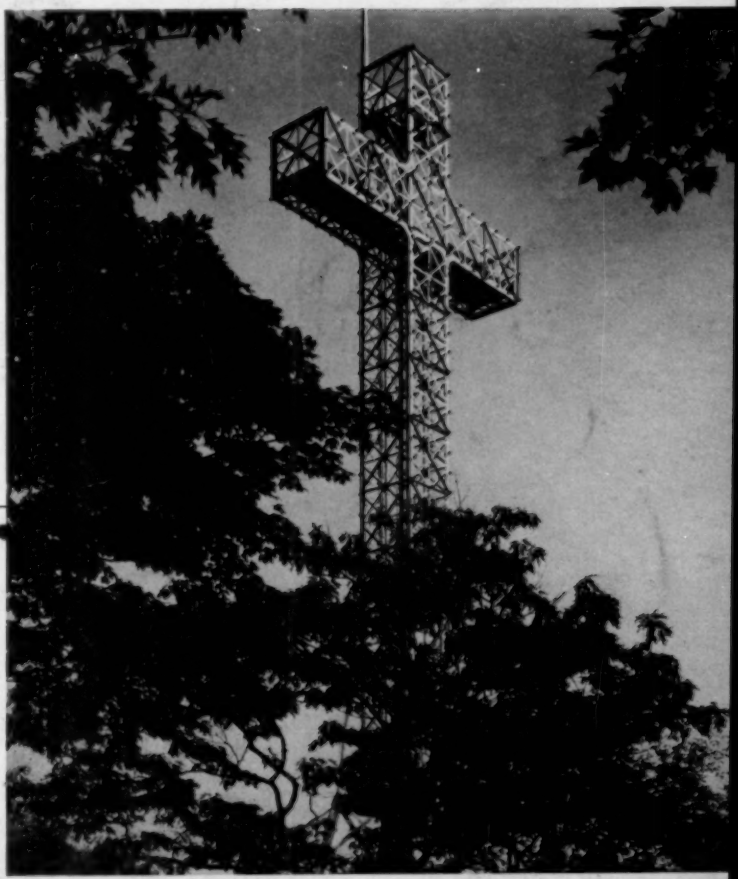
MAY
1942

THE CANADIAN NURSE

Canadian Nurses Association General Meeting
June 22-26, 1942
Montreal, Que.



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1934. U. S. Pub. Health Reports 49, 754.
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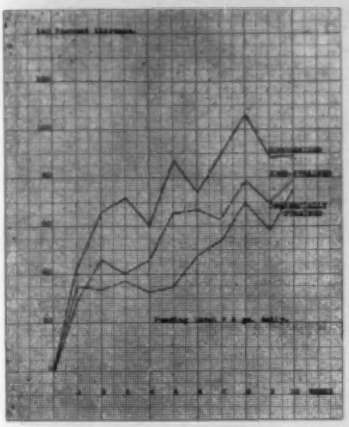

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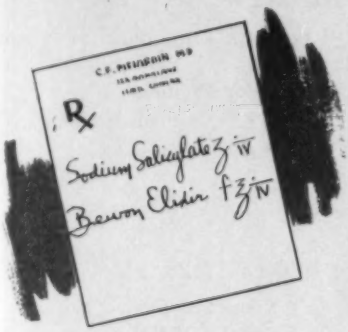

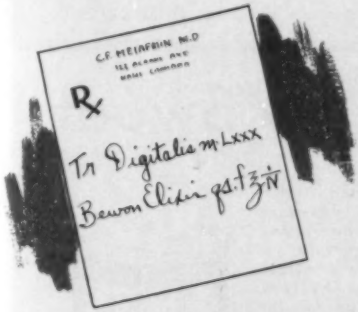

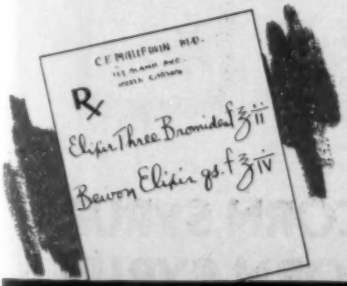

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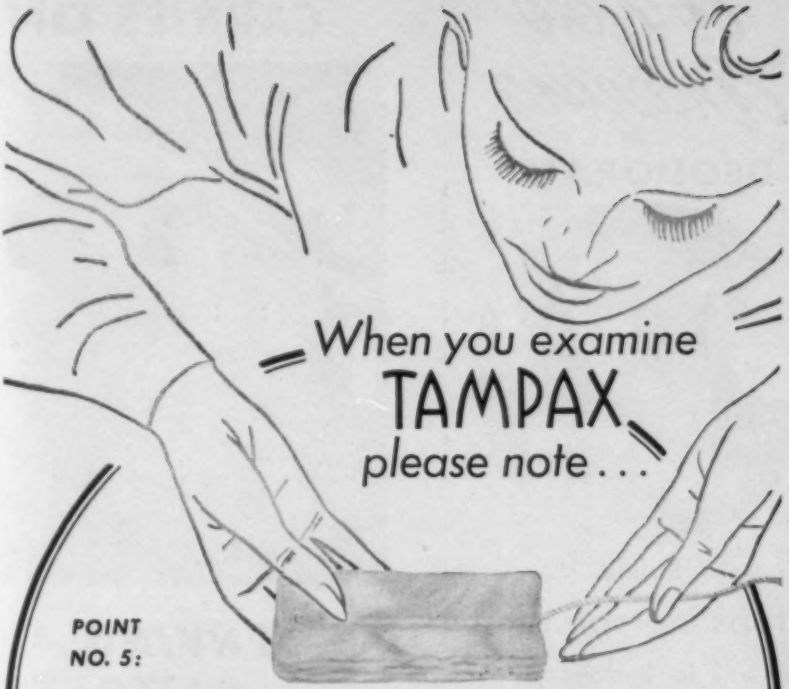

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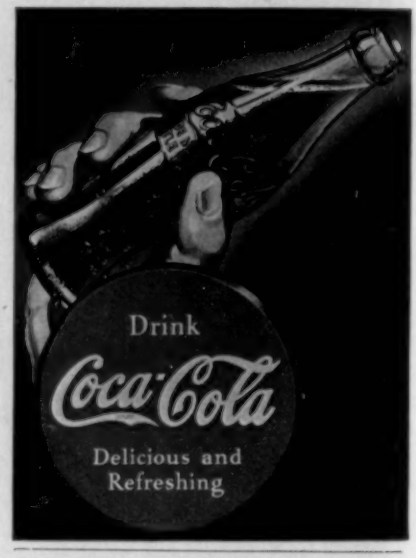

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Reader's Guide

One familiar landmark in Montreal is situated so that it commands the attention of every visitor. It is the **Cross on Mount Royal** which, when brilliantly illuminated at night, may be seen for many miles. The striking photograph shown on the cover seems particularly appropriate at a time when we are called upon to dedicate ourselves anew to the high ideals of our profession.

In any hospital nursery, the prevention of skin infection is of the greatest importance. **Helen Kelley** gives a comprehensive outline of the preventive measures which must be taken if this aim is to be achieved. Miss Kelley is supervisor of nurses in the obstetrical department of the Toronto General Hospital and speaks with the authority that comes from long and successful experience in this difficult and challenging field. We are indebted to the staff nurses committee of the Toronto General Hospital for obtaining this excellent article and once more we should like to express our thanks to Miss Mary Macfarland, its indefatigable convener.

One of the primary duties of the public health nurse is to do all she can to conserve the precious gift of sight. **Jean Elizabeth Martin** offers some excellent suggestions as to how we may keep the lamp of learning burning brightly. Miss Martin is a member of the Vancouver Metropolitan Health Service and was previously associated with an eye specialist for six years. During that time she had the privilege of visiting the eye department of the Royal Infirmary, Edinburgh, and the Westminster Ophthalmic Hospital in London.

On her western trip, our **Emergency Nursing Advisor** had the exciting adventure of being snowbound on the prairie. Far from being discouraged by this delay, Miss Ellis took the opportunity of writing about the progress which has been made in the provinces she has already visited.

When there is more than enough work for every pair of hands, motion and time studies are especially valuable. **Frances Waugh** tells of an interesting course which she took recently and which sheds considerable light on one basic procedure. Mrs. Waugh is instructor in the School of Nursing of the Portage la Prairie General Hospital.

The city of Montreal possesses magnificent hospitals which offer clinical facilities for the treatment of every type of illness. At McGill University may be found one of the greatest schools of medicine in the world and also, to our great pride and satisfaction, the McGill School for Graduate Nurses. **Martha Batson** in her capacity as convener of publicity for the committee on arrangements of the Canadian Nurses Association, extends a hearty welcome to Montreal and mentions some of the many institutions which are well worth a visit. Miss Batson wishes to express her gratitude to the directors of nursing services who so kindly supplied the information upon which her article is based.

At the request of the Association of Registered Nurses of the Province of Quebec, three addresses, given in the French language at a recent meeting of the Association, appear in this issue. They deal with the functions and relationships of the Association and were delivered by **Alice Albert, Suzanne Giroux,** and by the editor of this *Journal*. This proof of understanding and unity as between the French- and English-speaking members of the Association is decidedly encouraging and promises well for the future.

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT NUMBER FIVE

MAY, 1942

Dedication

Many Canadian schools of nursing choose the pleasant month of May for the celebration of graduation exercises, and it has been customary either to open or to close graduation week with a religious service, usually held in the evening. Sometimes the graduating class appears in uniform — a moving and beautiful pageant of youth not easily forgotten by those who witness or participate in it.

This year, the Canadian Nurses Association has suggested that these Vesper Services be held on the second Sunday in May and that the graduate nurses of each community shall also take part in them. Canada is so vast that not all can be held simultaneously, even though they may take place at the same hour. In Halifax and Saint John they will be over before they have begun on the prairies, and when the church bells ring in Victoria, it will be drawing toward midnight in Charlottetown. It is as though our hands swept over a harp of many strings, some trembling into silence as others begin to vibrate. In the peace and quiet of the evening, our thoughts will be with our Nursing Sisters who are serving at home and abroad with the fighting forces of the British Commonwealth of Nations. We shall remember before God the civilian nurses of Britain who have already paid the last full measure of devotion. We shall make intercession for Canadian, English and Australian Nursing Sisters who, steadfastly refusing to desert their patients, are now in the hands of the enemy in Hong Kong, Singapore, Malaya, Greece and Crete. Nor shall we forget our nurses who, on the home front, bear the heat and burden of the day with courage and good will. The hour is coming, and may be nearer than we think, when Canada must face her ordeal by fire. When it strikes, we have faith to believe that it will find us ready in body, mind and spirit. Although they seldom talk about

it, nurses still cling to the belief that the practice of nursing is the dedication of the self to a high purpose. The word dedication implies that by means of solemn rites something precious is offered for sacred use. Could any gift be more precious or more sacred than that which we might lay upon the altar if we could find it in our hearts to dedicate ourselves anew to uphold and to maintain the honour and dignity of nursing?

— E. J.

Care of the Skin of the Newborn Infant

HELEN KELLEY

The problem of preventing skin infection in newborn infants is of major importance. The average mother is more apprehensive about a rash or blemish on her baby's skin than she is about its failure to gain in weight or otherwise to do well. In approaching this subject the keynote must therefore be prevention. Every obstetrical hospital should maintain separate nurseries for the normal baby and the premature baby. Separate quarters should be available for isolating the ill or infected baby. Walls, ceilings and floors must be so constructed as to be easily cleaned. The nursery floors must be washed daily and sweeping prohibited. Nurseries and isolation quarters should be provided with running hot and cold water. Furniture should be simple and each nursery must have separate equipment.

A separate nursing staff, under the supervision of a graduate nurse, should be maintained both day and night. Nurses should wear a mask covering both nose and mouth when in the nursery and when carrying the babies to and from their mothers. Nurses should wash their hands thoroughly with soap and hot water and then apply antiseptic cream to the hands immediately after changing or diapering each baby. Nurses assigned to the isolation quarters should not enter the regular or premature nurseries. Visitors should be excluded from the nurseries. All personnel must have throat cultures free from infection. Student nurses should have cultures taken before coming to the department.

Every nursery should be provided with open wire baskets for the temporary disposal of soiled linen. Large enamel covered cans should be placed in a special room for the disposition of soiled diapers. In the laundry all nursery linen must be washed entirely by itself and should first be placed in a soap solution at 140 degrees Fahrenheit and kept there for 30 minutes; it can then be removed and rinsed in six separate rinsing waters. Only the best laundry soap should be used and all clean linen should be returned at once to the obstetrical department. Ample linen is an essential in the care of infants.

The newborn baby should be examined for haemorrhage, injury, defects, or signs of infection immediately after birth and should be further observed daily. A complete physical examination should be made during the first week

and a record kept in a book provided for this purpose. If any infection is found the baby must be isolated immediately. Each baby should have a single crib with washable crib lining. The mattress must be kept in perfect condition by means of a rubber sheet which completely covers it. When the baby is discharged all crib linen, including the blanket, is sent to the laundry. The mattress and rubber sheet are cleansed with antiseptic solution. The crib with its mattress and rubber is left on the balcony to air for 24 hours. The crib frame is then scrubbed and made up with fresh linen. It is essential that extra cribs be available so that thorough cleansing and airing may be carried out.

These measures will go far to prevent the outbreak of the infection known as impetigo. This infection is due to a bacteriological agent which enters the nursery in various ways. Improper care of the skin and careless technique are two of the main avenues. If prevention is to be ensured, a clear understanding of the physiology of the skin and the heat regulating mechanism of the newborn infant is essential. Shortly after birth the newborn baby is able to perspire, and to give an oil bath daily therefore tends to prevent evaporation of the perspiration. Body temperature is thus increased causing a heat rash or skin irritation and, if the nursery technique is poor, impetigo.

Another common practice is to oil the inguinal and axillary regions. These areas are just those places on the skin which have an undue amount of moisture; the oil only prevents evaporation and thus enhances the possibility of impetigo. In the care of premature babies, where body temperature is subnormal and the heat regulating mechanism is not that of a full term baby, oiling is indicated to preserve body heat and, because these infants do not perspire, skin irritation is at a minimum.

A discussion of the care of the skin of the newborn baby would not be complete without some reference to a preventative, advocated by some, of not removing the vernix caseosa from the skin shortly after birth. It is felt that those institutions which have followed this practice with success have achieved it by discontinuing a faulty technique, so that when no technique at all was used no impetigo appeared. One cannot recommend that no technique is better than a poor technique, and the crux of the whole problem is not in failing to clean the baby at all but rather in using a technique that does not lend itself to infection.

If impetigo is to be prevented in our nurseries the following rigid technique in the daily bathing and care of the baby is essential: a sterile bath basin for each baby; a sterile wash cloth for each baby; a clean bath towel for each baby; a clean paper towel in the scales for each baby; a clean paper towel on bath table for each baby. Sterile liquid castile soap only should be used and, before beginning the bath, have everything ready and the room at a temperature of 75 degrees Fahrenheit. The nurse should scrub her arms and hands with soap and hot water and apply antiseptic cream to her hands. A clean paper towel should be placed on the bath table and a clean paper towel in the scales. A sterile bath basin should contain water at 100 degrees Fahrenheit, tested by bath thermometer in the basin. After the bath is completed and the baby is back in its crib, discard the paper towel from the bath table and from the scales and also discard the bath towel. Remove the bath basin and scrub the hands again with soap and hot water and apply the antiseptic cream

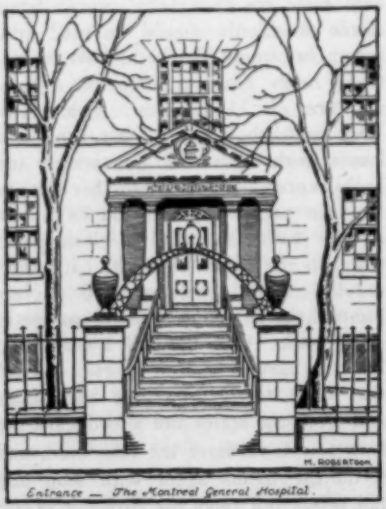
before beginning the next bath. The baby should be dressed in clean clothing daily. Safety pins should be boiled after the discharge of the baby before being used again. The sterilizing of the bath basins should include scrubbing with sapolio and then rinsing. Finally the basins should be autoclaved or boiled for fifteen minutes in a sterilizer which is kept exclusively for the purpose.

If impetigo develops in the newborn, the baby should be isolated at once and full isolation precautions taken. The nurse detailed to look after the baby must have contact with no other infant. The treatment considered to be the best is to keep the skin exposed and dry and the application of one per cent solution of gentian violet twice in twenty-four hours. Pustules should first be wiped with alcohol, then opened with a sterile needle, wiped again with alcohol and painted with a one per cent solution of gentian violet. In conclusion, although the treatment for impetigo has been stated, again I repeat that prevention is of far greater importance than cure.

Welcome to Montreal

MARTHA BATSON

Three hundred years ago, Jeanne Mance arrived in the colony which is now the historic city of Montreal and plans are being made to celebrate the coming of this woman who did so much for nursing in French Canada. In addition to these celebrations, we are able to offer much that is of professional interest to all nursing groups and we hope that you will find time to visit our great teaching hospitals and schools of nursing, our public health organizations, and the School for Graduate Nurses at McGill University.



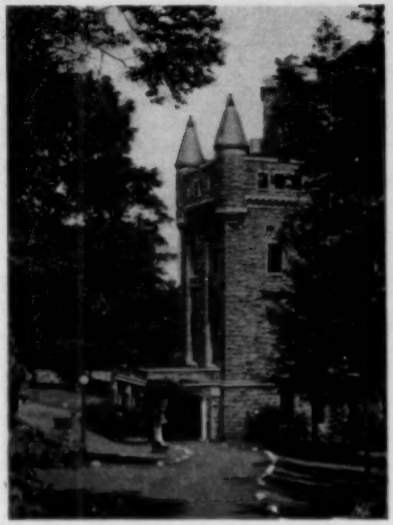
Entrance — The Montreal General Hospital.

The Montreal General Hospital (Central Division) is the oldest English hospital in Montreal and owes its origin to the little four-roomed House of Recovery opened in 1818 by the Female Benevolent Society for the relief of poverty and distress. The first medical school in Canada was conducted by its attending physicians and the students were taught in the wards after the Edinburgh plan. The out-patients and social service departments as well as all other units are now used as a field of study for medical students and nurses. The private patients' pavilion is situa-

ted in the Western Division and has an all-graduate nursing staff, working on the eight-hour system. The total capacity for both Divisions is 600 beds. The School of Nursing was founded in 1890 and the teaching unit occupies a whole floor in the spacious residence for nurses. It comprises classrooms, a demonstration room, a library, and science and dietetic laboratories.

The Royal Victoria Hospital is situated on the southern slope of Mount Royal, close to McGill University. Built, equipped and endowed by Lord Strathcona and Lord Mount Stephen, it was opened in 1894 for care of both rich and poor. Since that time, the Ross Pavilion for private patients, the Women's Pavilion have been added and, in 1934, the Montreal Neurological Institute was opened by McGill University for the care of neurological and neuro-surgical patients. The total bed capacity is 850 with a nursing staff of 425. The Hospital serves as a teaching centre for doctors, medical students, nurses, dietitians and technicians. The School of Nursing was founded in 1894 and the teaching unit is housed in the residence. The school has access to laboratories of McGill University and to the library of the medical school. The buildings are of grey stone and blend harmoniously with the beautiful wooded grounds.

St. Mary's Hospital was founded in 1920 and is owned and operated by the English-speaking Catholics of Montreal. It is ideally situated on the northern slope of Mount Royal overlooking a lovely countryside. The bed capacity is 230 and the hospital is modern in all respects. The School of Nursing has an enrolment of 83 students and is conducted by the Sisters of Charity. Both the Hospital and the School are fully accredited by the American College of Surgeons. The Homoeopathic Hospital of Montreal was founded in 1894 and



Roadway in the grounds of the Royal Victoria Hospital.

is a general hospital with a daily average of approximately 120 patients. The Phillips Training School for Nurses was opened in 1894 and now has an enrolment of 61 students. A fine nurses' residence was erected in 1939 and contains a well equipped teaching unit.

The Children's Memorial Hospital is situated on Mount Royal and has a capacity of 330 beds. Sixty student nurses from 17 schools of nursing in eastern Canada and the United States affiliate for a three months course. Postgraduate students are also admitted twice yearly for a six months course which includes the study of the development, training and play activities of the normal child. The Hospital offers special facilities in the observation and care of rheumatic, cardiac and orthopaedic cases and in the teaching of medical aseptic technique. Work in the wards is under the guidance of teaching supervisors.

The Alexandra Hospital for communicable diseases has a bed capacity of

Entrance to Arts Building, McGill University.

170 and affords an excellent field for the education of medical students and nurses. The building is so constructed that the modern conception of medical aseptic technique can be thoroughly carried out. Affiliating student nurses come from the English-speaking schools in the Province of Quebec as well as from Ontario, New Brunswick and Bermuda. During the past year, 227 students benefited from a two months course in the theory and practice of nursing patients suffering from communicable diseases. Postgraduate courses are also available.

The Woman's Hospital was founded in 1871 and is now located in a modern well equipped building. All services are extremely active especially surgery and obstetrics. The school of nursing was established in 1927. The Shriners' Hospital for Crippled Children, "Montreal Unit", is one of the group of specialized hospitals operated under the auspices of the Order of the Nobles of the Mystic Shrine. The Unit has a bed capacity of 60 and gives service to crippled children only. Its special departments include physiotherapy, occupational therapy, dental and social services. The hospital is beautifully situated on Mount Royal.

Two outstanding organizations which are well worthy of a visit, especially from those who are doing a similar type of work, are the Montreal Branch of the Victorian Order of Nurses and the Child Welfare Association of Montreal. The Montreal Branch of the Victorian Order was organized in 1897. Skilled nursing care on a visit basis is provided for the acutely ill, the chronic and the convalescent in their homes. Maternal care includes ante-natal instruction and supervision as well as attendance during delivery and post-partum care. The nurse finds an opportunity on every visit to demonstrate good nursing methods and to teach the family the prevention of disease and the maintenance of health. The teaching of nutrition is under the supervision of a nutritionist. The Victorian Order of Nurses provides a practice field for the students of the McGill School for Graduate Nurses, and this work is under the supervision of an educational director. The service covers Greater Montreal and five branch offices.

The Child Welfare Association is a voluntary health organisation carrying on child health demonstration work in Montreal and it operates from four main centres and five sub-stations. Its service is co-ordinated closely with that of the Health Department, and is directed towards the English-speaking families in the districts in which it operates. The primary object of the Association is to promote health, happiness and efficiency throughout life for its clients and to transmit such knowledge of the methods of preventing disease and promoting health as they can apply and use in their

own homes. The Health Service Division of the Association co-ordinates the health work of twenty-four of the social agencies within the Federated Charities organization, and operates such auxiliary services as the Montreal voluntary blood transfusion service as well as conducting health tests for household workers under the direction of the paediatric section of the Medical Chirurgical Society.

At McGill University will be found the School for Graduate Nurses, established as a professional school in 1920. It was organized by the late Miss Flora Madeline Shaw, and it is significant at this time to recall that Miss Grace Fairley (now president of the Canadian Nurses Association) with Miss Mabel Hersey initiated the discussion as to the possibilities of establishing the School in the spring of 1918. The plan took concrete form in the summer of 1920 and since that time, over 600 nurses have graduated from the School. The program is devoted to the preparation of carefully selected graduate nurses for positions of administration, teaching and supervision in hospitals and public health fields. The School serves as an educational centre where nurses in service in Montreal also enroll each year as partial students in various courses. The University is readily accessible and its delightful group of buildings and grounds are well worth a visit.

These are only a few of the professional and educational reasons why you should come to Montreal. We are waiting to welcome you.

Westward Bound

Quebec yesterday, Ontario today, Manitoba tomorrow and British Columbia on Friday — this is truly a letter in transit. In British Columbia, the Emergency Nursing Adviser expects to carry on intensive work before first returning to Alberta, and then to "home base" for awhile. With the visit to Alberta, initial contacts will have been made in all provinces and the question is: "Now what?" One answers promptly: the pooling and consolidation of ideas and follow-up work on a national and also on a provincial basis.

"Great Expectations", one of our foremost leaders aptly labelled the plans outlined in one province and it was heartening to note the enthusiasm and sincerity with which this pronouncement was made. Under present conditions, progress cannot be made too rapidly, but "great expectations" will have to be cherished and translated into action if professional standards are successfully to survive the present crisis. Many nurses are alive to the peculiar problems that the profession is facing. Isn't it very necessary that this should be so and that we should understand our own problems if we are to interpret them to others?

Without exception, officers in hospitals and members of boards of directors have given thoughtful consideration to the recommendations presented to them and university authorities are also concerned. In view of all of this, we venture to be encouraged and hopeful. We have begun to ask what the enrolment of post-graduate students will be in 1942 and already we have evidence of results from the recruitment campaigns. Contacts have not been limited to professional groups and, in one

centre, the chairman of the local branch of the Hospital Council arranged for the Adviser to speak at a meeting. One day, a goodly number of male students in a university attended a meeting to hear nursing discussed as a national service and as an excellent preparation for the "business of living", not excluding matrimony; they proved to be an interested and intelligent audience. To make up for lost time and professional reticence, very definite attempts are being made in all provinces to bring nursing to the public in acceptable forms and appropriate doses.

A bird's-eye view of nursing in Canada is a revealing experience. Actual problems do not differ materially, but the situations do, and sometimes how little we understand the differences in this great Dominion even within our own ranks. The right sort of contacts make for better understanding and we could wish that more personal ones were possible. In the present great national crisis, the individual is overshadowed, but we have an idea that individual effort still counts.

Everyone is carrying a wartime load, but it seems as if nurses are always ready to take on just a little more. How true this is and how much we owe to those in key positions; they are such busy people these days and yet have time for extras. So many of our nursing leaders have given much time and attention to the study and support of developments that have taken place in connection with the work of the Emergency Nursing Adviser and how grateful we are to all of them; those on the Advisory Committee are among the busiest.

After spending four hours in a delayed train, stalled in a snowdrift on the prairie, one is apt to seek refuge in the memory of happier adventures and it is pleasant to recall the arrangement whereby Miss Munn, Director of the Nurse Registration Branch of the Department of Health, released her associate, Miss Hilda Bennett, who so willingly conducted the Adviser on many visits throughout Ontario. Miss Bennett drove her own car in all sorts of weather on a perfect time schedule and not a minute was wasted. Her support was of real value and her companionship enjoyed. We are also very grateful to Miss Madalene Baker, who during her recent trip to northern Ontario in connection with the reorganization of registries, also carried on an able educational campaign in relation to the developments arising out of the recommendations which affect all fields of nursing. In spite of the fact that these are very active months for provincial registrars and advisers they, too, have found time to lend their support and assistance.

Under the chairmanship of Miss Maisie Miller, committees are working on outlines and other material that is being prepared to meet a number of requests. That such material should be made available through the National Office is an instance of pooled effort, because provincial representatives and associations have readily given assistance in the preparation of material for immediate use.

In the next issue of the *Journal*, we look forward to giving a more intimate story of accomplishments in each province. It will be a story of developments that, in many cases, reflect action taken by provincial associations over many months. Moving westward out of snowdrifts we look back on visits that were of necessity all too brief, and forward to contacts that we hope to renew.

KATHLEEN W. ELLIS,
Emergency Nursing Adviser,
Canadian Nurses Association.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

A Short Course for the V.A.D.

Representatives of the St. John Ambulance Association, the Canadian Red Cross Society, the Canadian Hospital Council, and the Canadian Nurses Association met in Montreal on March 23, 1942, for consideration of measures whereby there will be uniformity in experience offered by civilian hospitals to voluntary nursing aides and in classification of those aides according to the type of preparation they receive. It was recognized that, due to many young women entering other types of war service, there is now a limited number of eligible volunteers for the course in hospital experience, about 250 hours, which was developed during the year 1941. It was realized that while a shorter period, 80 hours suggested, will not allow volunteers to become so well skilled as nursing aides, it was thought that the shorter course would appeal to a larger number of young women and might help provide more auxiliary nursing service to the community in times of emergency.

It was unanimously agreed that the Syllabus Committee of the Canadian Nurses Association be asked to draft an Outline for an 80 hour course by revising the Syllabus for the longer course as was prepared by the same Committee, and that the Outline for an 80 hour course be accepted by all four organizations represented at the meeting.

It was recommended that instruction in the shorter course be given during the daytime rather than in the evenings and at week-ends, with arrangements for hours of practice left to the hospital offering the experience; also that whenever possible, after completing the shorter term course, the V.A.D. return to the hospital for further practice. The question of mobility of the V.A.D. is left to the decision of the national organizations which sponsor these volunteers.

In an effort to clarify the existing confusion in terms applied to nursing auxiliaries, it was agreed that the term "V.A.D." be used according to the following classifications: V.A.D., Class A—those who have certificates in First Aid and Home Nursing and 240 hours of hospital experience; V.A.D., Class B—those who have the same basic training but less than 240 hours of hospital experience; V.A.D., Class C—those who have the same basic training but no hospital experience. Those present at the meeting were: representing the Canadian Red Cross Society—Mrs. Plumptre, Dr. F. W. Routley, Miss Hutchison, Miss E. K. Russell; representing St. John Ambulance Association—Lt. Col. G. Allison, Miss M. Grier; representing the Canadian Hospital Council—Dr. G. F. Stephens, Misses Ellis, Holt, Giroux, Dr. Harvey Agnew; representing the Canadian Nurses Association—Misses F. Munroe, C. Ferguson, B. Anderson, E. Flanagan, J. S. Wilson. Dr. G. F. Stephens acted as chairman and Miss F. Munroe as secretary.

General Meeting

The twenty-first general meeting of the Canadian Nurses Association will be held in the Windsor Hotel, Montreal, from Monday, June 22nd to Friday, June 26th inclusive. The Executive Committee will meet on Friday and Saturday, June 19th and 20th, and Saturday, June 27th, 1942. Due to the present strain on hotel accommodation, nurses planning to attend the General Meeting are urged to make their reservations as soon as possible. Rates at the Windsor Hotel are: single rooms, $4.00-$4.50; double rooms, $3.00 each; three persons in a room, $2.50 each; four persons in a room, $2.25 each.

The convenor of the Arrangements Committee wishes to announce that Miss F. Munroe, superintendent of nurses, Royal Victoria Hospital, Montreal, is in charge of all plans in respect to the Overseas Nursing Sisters Association of Canada. The late afternoon and evening of Wednesday, June 24th, have been left free for Alumnae functions; those wishing to make arrangements in advance should write to Miss Vera L. Graham, Homoeopathic Hospital, Montreal. Miss Eva Merizzi, 451 Blvd. St. Joseph E., Montreal, is French Associate to Miss Graham.

A Few Facts

Early this year the Canadian Nurses Association made a survey on the distribution of registered nurses in Canada. The survey which was made for a specific purpose had to be done quickly, and in some instances approximate estimates only could be secured. As the results obtained should be of interest to readers of the *Journal*, a summary of the information collected has been prepared.

The total number of registered nurses affiliated with the Canadian Nurses Association is 18,266; the estimated number of registered nurses in Canada is placed at 23,000. Reports in respect to regional distribution varied; the average mean showed that 75% of the total number of nurses are in urban centres except in the Province of Quebec where 94% are in cities and towns and 6% in rural areas. With regard to public health nurses—during the year 1941, 56% were in urban, 25% in semi-urban, and 19% in rural areas. In February 1942 nurses inducted into the armed forces were: in England and other theatres of war, 360; in Canada, 473; taken on the strength of the South African Medical Nursing Service, 300. There are 22 nurses with the Orthopaedic Hospital Unit for Scotland.

The survey did not show a shortage in the private duty field but it revealed a greater need for general duty nurses, especially in smaller hospitals. With the rapid expansion of industrial war plants, there is an increasing demand for nurses with special preparation in public health and, as many nurses who were filling positions of responsibility have joined the forces, there is an increasing demand for specially qualified nurses in both schools of nursing and the public health field. As a result, during the year 1941, approximately 46% of vacancies in the public health field could not be filled satisfactorily while less than 20% of vacancies for instructors and supervisors in schools of nursing were filled by well prepared nurses.

From South Africa

Mrs. H. C. Horwood, Organizing Secretary of the South African Trained Nurses Association, met the second contingent of nurses from Canada on arrival to Cape Town. Mrs. Horwood writes that the nurses were all well and

happy. Thirty-three were sent to their destination direct from the boat and the remainder were entertained during the day until time for their departure at 9.00 p.m. for the north. Mrs. Horwood's concluding paragraph is:

I hear good reports on all sides of your nurses, who have "settled in" most acceptably. I feel they are strengthening the bonds of international friendship and mutual understanding.

Miss Gladys Sharpe, who travelled to South Africa with the second contingent of Canadian nurses, carried with her a letter of introduction from the Executive Secretary to Mrs. Horwood. The latter kindly forwarded the letter to the Matron-in-Chief of the South African Medical Nursing Service, who has written the Executive Secretary in part as follows:

I can assure you that we are grateful to Canada for sparing Miss Sharpe to us. I know you will be pleased to learn that I made her a Senior Matron from the date of entrainment in Canada. I sincerely hope that all your nurses will be happy in this country, and feel that contact in daily work with our South African nurses will have a far-reaching effect in furthering international unity in the nursing profession. With my best wishes and the hope that World Peace will be achieved before many more months have passed.

British Nurses Relief Fund

The Canadian Nurses Association wishes to announce that with the approval of the Department of National War Services, in future the proceeds of the British Nurses Relief Fund can be distributed within the British Commonwealth, wherever the need is felt to be greatest. At present (April 4th) a reply is awaited as to the possibility of relief being sent through the International Red Cross to British nurses in Hong Kong and Singapore.

We should like to publish in full the letters of appreciation received from nurses in Britain who have been helped by the Canadian Nurses Association Fund. These are excerpts from two letters that arrived late in the month of March: "I was working as Night Sister at the time when the whole of the Nurses' Home was struck. My room just collapsed, nothing left, but luckily I was on duty so came to no harm. This extra money will help toward replacing some of my things." The second excerpt reads as follows: "When the call came for nurses I volunteered and stored my trunks, containing all my clothing and bedding, at the Nurses' Club. I little thought I should never see any of my treasures again. I had worked in my spare time getting ready for my little home in England when I retired, then war came and everything was burned up, yet I am thankful to say all the nurses escaped safely. A nearby church gave them shelter until homes could be found for them."

Contributions to the British Nurses Relief Fund have been received from:

Nova Scotia:	
Halifax Branch, R.N.A.N.S.	$14.75
Col. Co. Branch, R.N.A.N.S.	16.00
Pictou Co. Branch, R.N.A.N.S.	22.50
Valley Branch, R.N.A.N.S.	33.75
Antigonish-Guysboro-Inverness-Richmond Branch, R.N.A.N.S.	4.00
Cumberland Co. Branch, R.N.A.N.S.	9.00
Lunenburg Co. Branch, R.N.A.N.S.	5.00
A.A., Royal Victoria Hospital, Halifax Group	7.50
Ontario:	
District 1:	
A.A., St. Joseph's Hospital, Chatham	50.00
A.A., Memorial Hospital, St. Thomas	51.25
Windsor nurses	21.00
Nurse in Petrolia	2.00

District 4:	
Welland Nurses Alumnae	60.00
District 5:	
A.A., Toronto General Hospital	175.00
A.A., Toronto Western Hospital	325.00
A.A. Hospital for Sick Children, Toronto	6.00
Nursing Sisters, Military Hospital, Camp Borden	40.82
Graduate Student Association, School of Nursing, University of Toronto	10.00
Students and Graduate nurses, Ontario Hospital, New Toronto	100.00
Graduate staff, Hospital for Sick Children, City and Country Branch	23.00
Graduate nurse staff, Toronto Hospital, Weston	8.75
District 6:	
Peterborough nurses	6.25
Lindsay nurses	11.00
District 8:	
Nurses of District 8	175.00
District 9:	
A.A. St. Joseph's Hospital, Sudbury	25.00
Nurses of Muskoka Hospital, Gravenhurst	23.00
Kirkland Lake nurses	4.00
New Liskeard nurses	9.00

S.R.N.A. Silver Anniversary

In 1917, one more province of Canada had been granted registration for nurses. This year, on May 28 and 29, 1942, in Moose Jaw, the Saskatchewan Registered Nurses Association will celebrate its twenty-fifth anniversary. The emergencies of war forbid ceremonies that might otherwise have marked this significant event, not only in the history of the Association, but in the progress of nursing. However, it is hoped that a few of the charter members will be present; their interest in nursing affairs is still so evident and their efforts in the interest of nurses are not forgotten; the names of distinguished women are included in this list. The program for this meeting is to centre around the study of recommendations that deal with the present crisis. Many of them arose out of the Joint Conference held in Montreal in September, 1941, and involve studies that are of vital concern to every nurse. They will be discussed under the general heading of *Filling the Gaps*: the graduate nurse with special qualifications; the student nurse; the general duty nurse. The place of refresher courses in the present day program will also be considered. Among the guest speakers will be Mr. M. R. Ballard, B.A., B. Paed., Principal of the Moose Jaw Central Collegiate Institute, who will speak on "The Business of Living", and Squadron Leader Foster, Chaplain, S.F.T.S., R.A.F. By special request, the excellent history of nursing exhibit displayed at the annual meeting last year is to be repeated with important additions. Considerable time is to be given to the round table discussion. Come and bring your problems with you — but come!

In recognition of their outstanding contributions to nursing we publish the names of the nurses who sponsored the birth and rechristening of the Saskatchewan Registered Nurses Association, and ask for a message from them. They are: Jean Browne, Jean Wilson, Effie Feeny, Ruth Hicks, Helen Walker, Elizabeth Van Valkenburg, Norah Armstrong, and Granger Campbell.

R. C. CHRISTILAW,
Acting Registrar, S.R.N.A.

The A.A.R.N. Annual Meeting

After the morning news broadcast on Monday, April 6, nurses listening in to Edmonton stations were reminded that this was the commencement of the two-day annual meeting of the Alberta Association of Registered Nurses being held at the Macdonald Hotel. Although many were unable to leave their hospital duties due to lack of sufficient staff, over two hundred members attended the sessions, and all districts of the Association were represented. The opening prayer was given by the Rev. Daniel Young, and Mayor John Fry welcomed out-of-town delegates on behalf of the city of Edmonton. Miss Rae Chittick presided, and a letter of greeting was read from the national president, Miss Grace Fairley.

In the secretary's report it was revealed that $2,020 had been collected for the British Nurses Relief Fund for the past year, and a considerable amount already has been collected for 1942. The attention of district delegates was drawn to the proposed nation-wide vesper service for nurses to be held throughout the Dominion on May 10. A provision has been made whereby a temporary licence may be obtained without charge by nurses whose husbands are in the active forces, and who wish to practise while stationed in the province, providing that the nurse is a member in good standing in her own province and can produce a current renewal membership card to that effect.

District reports were coloured by war activity on behalf of the Red Cross Society and the Navy League of Canada. Calgary District, No. 3, announced the opening of a central registry in that city for private duty nurses, at 1724-14 Ave. West, to be known as "The Community Nursing Bureau", with Miss Eleanor Wainwright as registrar. Miss B. Beattie reported on the eight-hour day committee and Miss Helen McArthur on health insurance.

Although previous subscriptions to the *Journal* had been maintained, *The Canadian Nurse* representative, Miss Violet Chapman, urged that a higher percentage of nurses subscribe and that more material be furnished for publication.

The presence of Miss K. W. Ellis was of inestimable value. She answered innumerable questions and, in her capacity as Emergency Nursing Adviser to the Canadian Nurses Association, outlined the recommendations approved by the joint conference of University representatives and by the C.N.A. last September. Miss Ellis gave a short address at the banquet on Monday evening, and at the annual meeting of provincial chapters of the I.O.D.E. held on Tuesday.

Miss M. S. Fraser outlined the progress made for a central school in Alberta. A brief was submitted to the Alberta Government, through the Special Survey Committee appointed to report on the organization and administration of the University, and later an interview with the acting president of the University was secured. The Special Committee, however, although regarding the scheme most favourably, pointed out that since large classrooms and laboratories would require a new building development, it seemed impracticable to launch such a scheme at the present time. It is the intention of the central school committee to keep the idea alive in the event of further developments becoming possible.

The pressing question of the shortage of nurses was discussed, and how to

meet this shortage to the best advantage seemed to be the core of the entire meeting. Here, again, Miss Ellis was of invaluable help. A resolution was adopted that a committee composed of administrators from schools of nursing and municipal hospitals be formed (a) to study the duties of subsidiary workers with reference to the hospital training course as outlined by the Red Cross and approved by the C.N.A.; (b) to draw up a sliding scale of salaries for general duty nurses. Six members were elected to study the training of subsidiary helpers in groups, with a view to their employment in hospitals requiring their services. The committee consists of: Miss Catherine M. Clibborn (chairman); Miss Martha Smith, of Red Deer; Sister Beatrice, of Lethbridge; Miss Viola Leadlay; Miss H. Hermanson, of Rocky Mountain House; and Miss M. S. Fraser, of Edmonton.

In his address on standards in schools of nursing and organization of nursing service for national emergency, Dr. A. C. McGugan, medical inspector of hospitals, urged that every effort be made to employ ex-graduates who have left the profession but who may be available for employment in a war emergency.

Business meetings of the three sections were held concurrently at which new chairmen were elected: hospital and school of nursing, Miss Gena Bamforth, Edmonton; public health, Miss Helen Garfield, Calgary; general nursing, Miss Annie Carlson, Calgary. At the luncheon meeting of the public health section, Miss Hildur Hermanson spoke of her work in Formosa while attached to a Presbyterian mission hospital previous to the outbreak of war in the Pacific.

Arising out of an anticipated shortage of students for schools of nursing, Miss Helen S. Peters reported on a campaign of publicity. Equipped with comprehensive material, Miss Jean M. Davidson, a graduate of the Royal Alexandra Hospital, will embark on a tour of high schools to interest and recruit suitable young women for the nursing profession, and mimeographed copies of her talks will be sent to those schools not visited. The co-operation of organizations and the opportunity to address them is being obtained and newspaper and radio publicity are being arranged. Miss Peters had requested that present students in schools of nursing prepare posters suitable for use in high schools and the results were on view during the sessions.

Interesting addresses were given by: Dr. Heber C. Jamieson, on diabetes and other metabolic diseases; Dr. D. B. Leitch, professor of pediatrics, University of Alberta, "Why do children 'act their age'?"; Miss Kathleen Jackson, director, Family Welfare Bureau, on the wartime family. Professor F. M. Salter, assistant professor of English, was the guest speaker at the banquet. He spoke on "Impersonal Responsibility", and said :"Impersonal responsibility and impersonal honour is thought to be beyond the capacity of women; but when bombs fell on Coventry and Plymouth and London, it was the nurses who dragged their patients to safety, for they accepted and lived up to their impersonal responsibility. They proved themselves fit to live in a man's world."

At the close of the afternoon sessions on Tuesday, tea was served at the Royal Alexandra Hospital, by Edmonton District, No. 7, at the kind invitation of the superintendent of nurses, Miss M. S. Fraser.

A. E. VANGO,
Registrar.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

The Lamp of Learning

JEAN ELIZABETH MARTIN

There is a common agreement among psychologists that sight is the real lamp of learning, since it is through the visual sense that the brain receives the great majority of its impressions. "Although learning is a mental process, the brain can interpret the messages only in so far as the senses are capable of transmitting them." It is quite obvious any abnormal eye condition may be a serious physical handicap, but the equally serious mental retardation is sometimes less considered. In addition, such conditions often result in grave maladjustments, both psychological and social. Abnormal eye conditions may hinder a child from developing his fullest potentialities.

Among the many services confronting the public health nurse, could any be more important than that of keeping bright this lamp of learning? To prevent abnormal eye conditions arising should be foremost in the mind of the public health nurse, but she should also be equipped to assist, to the fullest extent, those she encounters with existing ocular disturbances. To fulfill this responsibility the nurse must acquaint herself with some of the most common eye abnormalities. Her instruments of service are education and prevention. She works in a fourfold field, namely, antepartum, infant, pre-school, and school. Education of the parents is the nurse's outstanding opportunity in the antepartum field. The value of blood tests should be common knowledge. The fact that antepartum syphilis, with its many abnormal effects, in which the eye sometimes shares, may be prevented, should be a key point in the nurse's teaching programme.

Neonatal eye infection, ophthalmia neonatorum, used to rate as one of the chief causes of blindness in children entering the schools for the blind. This infection is prevented by instilling prophylactic silver nitrate drops into the eyes of the new-born. Most provinces in Canada have a law to this effect, and where it is in force, infant blindness is practically wiped out. Many babies appear "cross-eyed" during the first few months. By the time the baby is nine to twelve months of age this usually disappears. When a squint does not disappear in a baby over one year it is probable that the baby has poor sight, and an oculist should be consulted. In untreated or improperly treated cases of a squint or strabismus, the weak eye may have suppressed vision which will eventually lead to amblyopia exanopsia. The public health nurse should do all in her power to educate the parents of

a child with a squint as to the importance of early treatment. An opaqueness of the lens in the eye of a baby only a few months old may be noticed even by a lay person. Such a condition is usually congenital cataract, which is due to faulty development in the lens. Here again the nurse should advise parents to consult an oculist. Words of encouragement of present-day treatment should be given, but the word "cataract" should be avoided by the nurse.

The National Society for the Prevention of Blindness feels that if more time were spent in detecting eye defects in the pre-school children, alleviating and correcting such, eye troubles at school would be decreased. Special charts for testing children, from two to six years, have been made to detect faulty vision. In order to do a proper refraction on children who have defective vision, the services of an oculist are required.

The public health nurse comes in contact with many of the pre-school children in her home visiting. During these visits she will note outstanding eye defects and will be able to emphasize to the mother the importance of the child's general health, which has a direct bearing on the child's future eye condition. The significance of general cleanliness, fresh air, sunshine, and nutrition should be stressed. Nutrition and its relationship to ocular diseases is one of the present-day studies. Dr. Arthur M. Yudkin, in an article "Vitamins and Ocular Diseases", writes, "At the University Clinic (Yale) many patients with types of ocular disturbances have been treated with vitamins. . . Frequently there was encountered in children and infants a dryness of the cornea, with similar changes in epithelium of the conjunctiva, which improved when a diet high in Vitamin A was given. . . At the present time I find no definite use in ophthalmology for Vitamins D and E." Dr. H. M. Traquair, of the Royal Infirmary at Edinburgh, feels that proper nutrition is so vital in treating eye conditions that he has a printed diet list to be given to eye clinic cases. A high vitamin diet is listed chiefly containing Vitamin A, with some Vitamin B and C. Starches and sugars are listed as foods unsuitable. Cod-liver oil is advised, also general cleanliness and fresh air. Dr. P. C. Jeans reported that 25% of rural children and 53% of city children showed poor visual adaptation; later, in a smaller series, about the same incidence was found. The administration of cod-liver oil or of carotene equivalent to from 5,000 to 6,000 international units of Vitamin A brought about recovery, in from four to six weeks. Hence if nutrition plays such an important part in treating eye conditions, might it not prevent such conditions arising? Therefore the public health nurse must keep alert to present-day findings, and be able informatively to advise proper diet for pre-school children.

Scarlet fever and measles frequently develop in the pre-school, as well as the school, child. It should be remembered that during acute disease, and for some time following recovery from acute disease, eye muscles suffer from the same exhaustive processes as other muscles of the body. Eye complications, which sometimes follow such diseases, may be avoided by providing eye comfort, giving adequate light and fresh air. Dark glasses may be worn rather than have the patient's room darkened. Place the head of the bed towards the window, and arrange artificial light so that no glare may annoy the patient. While a child is bedridden or convalescing, he should not use his eyes to any extent, at close range.

When preventive measures have not

been observed, muscle weakness or imbalance sometimes follows communicable diseases. Thus by a few simple instructions the nurse may be able to prevent a child being handicapped with a squint. If a squint does occur, early recognition of the same is very important. North believes that much may be done by education and training to improve the vision of the eye at fault. To avert a squint, or to cure it by educational measures, when the tendency to a fixed squint is recognized, requires tremendous patience on the part of the physician directing the child's treatment, and on the part of the mother and child. An oculist should always be consulted for such conditions. Orthoptics, which really means "seeing straight", is one of the methods of treating squints. Orthoptic treatments are given to children pre- and post-operatively, in order to get children to use both eyes together, and build up co-ordination which is mental and psychological. England has made considerable advances in the field of orthoptics. Many parents who fear surgery, or who may be Christian Scientists, will respond to such suggestions as diet and exercises, hence the public health nurse should have a knowledge of orthoptics.

When visiting the homes, the public health nurse has an opportunity of warning of the dangers of certain articles in causing common eye accidents among children. Such articles as scissors, knives, sharp-pointed instruments, broken toys, and hairpins, should be kept out of reach of the pre-school child. When the child enters school, not only does the nurse supervise him, but also a school doctor and teacher. During his school life the child should be led to take an interest in his own eyes, and should be instructed in the care and protection of them. The school aids in this development by providing good lighting, and cultivating the desire for such in the pupil, thus lessening the chances of eye strain. The nurse aids in such a development by establishing a good rapport with pupils, as well as a good knowledge of their eye conditions. Along with the added supervision of the school, the child also encounters infections and hazards, and some congenital conditions are first noted during the school age.

Nature occasionally makes misfits, and the eye, and individual parts of the eye, are not exceptions in failing to develop properly. Some congenital conditions may not be detected until the child attends school. Some of these conditions the nurse will detect in checking the pupils' vision, but there are also behaviours which the teacher may note. The National Society for the Prevention of Blindness has printed a leaflet, "Observable behaviours which may help teachers and mothers to discover visual difficulties". Twenty-six behaviours are listed, some of which are "cries frequently", "irritable over work", "tilts his head to one side when reading", "screws up face when reading", "holds his face close to the page when reading". Such behaviours may be caused by astigmatism, hyperopia, or myopia. Astigmatism is found in the eye which is irregular either on the surface of the cornea, or on the lens capsule. Such irregularities cause the ray of light to be so twisted, that they approach a focus along a considerable line instead of at a point. The projection of imperfect images on the retina causes miscalling of letters, and is often a source of profound nervous disturbance. Hyperopia and myopia are conditions relating to the shape of the eye-ball. Hyperopia is when the eye-ball is flattened from back to front, consequently the lens at rest has not sufficient curvature to focus parallel rays on the retina. In

myopia the eye-ball is longer than normal, so that the curve of the lens is too great to focus parallel rays on the retina. There are two types of myopia, simple and progressive. For this reason the nurse should take frequent checks on myopic conditions. On discovering any of these conditions in a school child, the nurse refers them to the school doctor, and then the parents are notified. The nurse should do all in her power to have the parents attend to proper correction of such conditions. If possible, direct the parents to an oculist rather than to an optometrist.

The accompanying table, which has been prepared by the Section on Ophthalmology of the American Medical Association and is therefore authentic, represents a true picture of the percentage of visual efficiency for each line of the Snellen Chart:

Percentage of visual efficiency retained, based on Snellen's Notation, and the percentage of loss of vision, judged from the same notation.

Snellen Notation for Distance	Percentage of Visual Efficiency	Percentage of Loss of Vision
20/20	100.0	0.0
20/30	91.5	8.5
20/40	83.6	16.4
20/50	76.5	23.5
20/70	64.0	36.0
20/100	48.9	51.1
20/200	20.0	80.0

You will note from the tables that these figures apply only in cases of myopia, and do not indicate any percentage for either hyperopia or astigmatism. There are several agencies which assist in supplying glasses for school children. The Prevention Department of the National Institute for the Blind will always provide progressive types of eye conditions with glasses.

Mental hygiene plays an important part in the eye conditions of school children. The children with squints, in addition to being handicapped physically, are frequently subjected to the merciless remarks of their fellow playmates, besides being aware themselves that they appear different from other children. Some parents are neglectful or indifferent to correcting squint conditions by surgical methods. The public health nurse must seek opportunity to explain to the parents the benefit to the child in personality development, and in possibility of future employment. Many children appear to be different individuals once their eyes are straight. As mentioned before, the field of orthoptics should also be introduced to the parents, if not previously done. The prevention of eye accidents among school children is an important function of the school nurse. She may do this when developing the children's appreciation of their sight. Relating one of many fireworks accidents may have a beneficial influence. Any blow to the eye, or foreign body embedded in the eye, should be promptly referred to an oculist.

The most evident advance in the educational field for children with eye defects is the sight saving class, with its special equipment and specially trained teachers. On visiting one of these classes it is found there is a limited number of pupils in the classroom, never more than fifteen. The pupils' desks, which vary in size and are adjustable with tilted tops, are placed at an angle to the blackboard so that the light falls over the left shoulder. To avoid any glare of light the windows are equipped with double adjustable shades, and the desks, woodwork and black-boards are all in a dull finish. Paper on which the children write is also of a dull finish, buff in colour with green lines. Carloader's chalk is used. Pencils which the pupils use are large soft lead pencils, and for

pen and ink work these children have ball point pens and black India ink. For their short reading periods they have books with special 24-point type. To save their eyes for written work, the children learn to type on a typewriter with enlarged type and heavily inked ribbon. As much as possible of the classroom work is done orally. There is a variety of grades in the class, hence the pupils receive almost individual attention. In order to keep the children with the other school children of their own age and grade, they leave the sight saving class and attend the regular class of the school for such subjects as singing, social studies, etc.

The advances in psychology and mental hygiene also play an important part in assisting both nurse and teacher to help the handicapped child readjust psychologically, socially, and mentally.

A Correction

In an article entitled "Public Health Nurses in Canada" which appeared in the January 1942 issue of *The Canadian Nurse* an error was made in the figures indicating the numbers of French-speaking and English-speaking nurses in the employ of the Metropolitan Life Insurance Company in 1940. Of the 76 nurses so engaged, 66 were French, and of these 53, or 80.3 per cent, were fully qualified holders of public health certificates.

At the General Meeting

The report on the study of the minimum qualifications for employment of public health nurses, which has been carried on throughout this winter by all the Provincial Sections, will occupy a considerable part of the program for the session of the national Public Health Section which is to be held during the General Meeting of the Canadian Nurses Association. It is too early yet to make any prophecy as to the outcome of the studies that have been made, but all public health nurses who are able to attend the General Meeting are urged to discuss the various problems with their associates so that there may be representative discussion of the numerous details. This spring the national executive of the Public Health Section, at the request of the Executive Committee of the Canadian Nurses Association, undertook to study and formulate standards for the training of public health nurses. This is a very logical progression from the establishment of minimum qualifications, and should prove a very valuable guide to the Universities of Canada which offer courses in public health nursing. Come and discuss the findings with us.

—M. E. K.

O.N.S.A. News Letter

The seventeenth annual meeting of the *Toronto Unit* was held recently with seventy members present. The comprehensive reports received indicate that a large amount of work is being carried on by the members of the largest unit in Canada. Five members of the unit are now in charge of first aid posts in Toronto in connection with A.R.P. plans. The war work convener, Mrs. R. Jamieson, gave an excellent report on the work of the club in its varied branches: knitting, packing of parcels for prisoners of war, blood donors group, the I.O.D.E., every department of the Red Cross, civilian defense, and home and school groups. The club also gave a library cart to Camp Borden Military Hospital.

Mrs. Shields, who had undertaken responsibility for the knitting and distribution of wool, gave a separate report. She said that, in answer to requests, the club had promptly sent garments to the coast-guards at Bowenchalke, England, the mine laying patrol at Saint John, N.B., the naval base at Grimsby, England, and the royal mission for deep sea fishermen. Sweaters were sent at the request of the Red Cross for the tank divisions. A total of 1466 garments have been knitted. The report of the war work fund reveals that the collections are $1932.76, and the expenditures, $1840.79.

A minute's silence was observed in memory of the five members who have died during the year.

The following officers were elected for 1942: president, Miss P. Morrison; vice-president, Mrs. N. Sharp; treasurer, Mrs. K. C. Bricker; recording secretary, Mrs. L. Cunningham; corresponding secretary, Mrs. T. A. James; convener for packing parcels for prisoners of war, Mrs. R. Jamieson; convener of war work, Mrs. G. Storey; councillors and chairmen of committees: Mrs. G. Bevan, Misses C. Ross, J. McDonald, M. Hodge, A. Grindley, A. Copeland, Mrs. L. Cody, Mrs. H. Shields, Mrs. W. G. Hanna, Mrs. G. Royce.

The *Winnipeg Unit* recently held its annual meeting. The Red Cross convener reported that 2032 surgical dressings had been made and 149 articles had been knitted. A donation of $25 was voted to the British Nurses Relief Fund. We are indebted to Mrs. F. A. Macneil, unit secretary, for an interesting contribution covering nursing history in the province of Manitoba.

The following officers were elected for 1942: president, Miss N. Shaughnessy; vice-president, Mrs. W. A. Shearer; secretary-treasurer, Mrs. F. A. Macneil; secretary-treasurer for war charities, Mrs. J. D. Moulden; chairmen of committees: Mrs. T. Hulme, Mrs. L. D. Collins, Mrs. N. Smith, Misses A. Mitchell, I. Barton, E. Hudson; advisory committee: Mrs. Hamblin, Mrs. C. V. Coombe, Miss M. Simpson.

To our members of the *Calgary Unit* we send a vote of thanks for their additional contribution of $125 to the British Nurses Relief Fund. During a regular general meeting held recently there was a discussion concerning the appeals from the Wartime Prices and Trade Board, and pamphlets were distributed. The press reporter for the unit, Mrs. W. Paterson, revealed that Miss A. M. Gee was hostess to the unit in March. The president, Miss Lavell, announced that the funds had been increased by an evening entertainment at which Mr. S. R. Vallance showed pictures in technicolour of unfrequented by-ways in the Rockies. The constitution and by-laws of our association were given deliberation and discussion. A rummage sale is being planned as part of the effort to raise funds for the British Nurses Relief Fund.

Miss Charlotte Nixon, R. R. C., member of the *Montreal Unit*, is once again on active service, having recently been appointed to the R.C.A.M.C. Miss Edith Rayside was luncheon guest in Montreal following a meeting of the History of Nursing Committee.

E. Frances Upton,
Secretary-treasurer.

Give to the Canadian Red Cross!

From May 11 to 27 the Canadian Red Cross Society will conduct a campaign for funds. Every nurse knows how essential it is that the Society shall continue to serve the wounded men of our fighting forces and our gallant merchant navy. Prisoners of war, refugees, internees in Nazi concentration camps, must not look in vain for aid and comfort. Nor must the needs of the home front be overlooked. Outpost hospitals, travelling dental clinics, and other health services must be kept going. Blood banks must be maintained to meet emergency demands. Home nursing classes must be continued. Help the Red Cross to carry on, no matter what happens!

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Motion and Time Study

FRANCES WAUGH, B. A.

In recent years the combined use of motion study and time study has become widespread and we have now found use for it in our nursing procedures. In the following paragraphs, I would like to give a brief description of the course in "Motion and Time Study" as taken by the writer at the University of Minnesota in June 1941.

Taking cognizance of present trends and recognizing the fact that motion study always precedes the setting of a time standard, we shall use the term motion and time study as referring to this broad field and having the following purposes: (1) to find the most economical way of doing a piece of work; (2) standardizing the methods, materials, tools and equipment used; (3) accurately determining the time required by an average worker to do the task; (4) training the worker in the new method. While our purpose was primarily designed for method study, and to eliminate rather than speed up actions, it would be desirable to keep in mind that any recommendation made for improvement of an operation must pay for itself in some definite period of time; that is we must present our findings in dollars and cents.

The entire process of a procedure should be studied before undertaking a thorough investigation of a specific operation; therefore, our first step was to develop an attitude toward our problem — for example, reasons why present procedure was not satisfactory, the human element, what others think, extensiveness of the job, anticipated life of the job, wage rate, qualifications of employee required, equipment required, etc.

In every hospital, students and methods differ. We chose "taking patients' temperatures" as our procedure, an average student and an average method. In the University Hospital, each nurse took her own patients' temperatures twice a day and one nurse took all the elevated temperatures four times a day. We observed a student nurse on station 30 taking elevated temperatures on what is called a process chart. We recorded in order, each step she took from the time she checked the thermometers out at the desk until she brought them back. Then on a layout plan drawn to scale, we traced the path of the nurse and the actual distance covered. We then examined the process chart and revised it according to our suggested improvements. On a second layout plan, we traced the path of the nurse taking temperatures according to our improved process chart. In compar-

ing the distances covered and the time saved we came to our conclusions:

Of the two utility rooms available, the most centrally located should be used.

A more convenient tray was made which carried both rectal and mouth thermometers and also supported a small book and pencil to take the place of the very large book being used. This also meant that the tray did not have to be set down while each temperature was recorded.

Four thermometers could be given out at a time instead of two, eliminating the wait for thermometer to register.

Making two trips instead of three into each ward.

Use of sodium oleate .2 per cent in the bichloride solutions thus speeding up sterilization from five minutes to one minute.

The study showed that it was possible to reduce by 938 feet the distance covered while carrying on a single procedure. Since it was necessary to repeat this procedure four times daily, this meant a reduction of 3752 feet per day, or 258 miles a year. Other surprising results were obtained from an analysis of procedures such as passing ice water, and assembling instruments for operative sets.

This concluded the actual procedure investigation. Before we finished our course, however, we were introduced to a further method of investigation called "micromation", which is defined as the study of the fundamental elements or subdivisions of a cycle of motions by means of a motion picture camera and a timing device which accurately indicates the time intervals on the film. The purpose of micromation is to train one in efficiency, thoroughness and proficiency in applying motion economy principles. Perhaps this further study will prove to be even more beneficial to our profession than the motion and time study.

Obituaries

Mrs. O. E. Ellis (Annie G. Ketchen) died recently at Hazelet, Saskatchewan. Mrs. Ellis was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1919.

Louisa Eastwood Bruce died on March 3, 1942. Mrs. Bruce was a graduate of the School of Nursing of the Toronto General Hospital, and a member of the Class of 1888. After serving as assistant superintendent of nurses in the Toronto General Hospital, she was appointed superintendent of nurses at the Guelph General Hospital, and later became superintendent of nurses at the Nicholls Memorial Hospital, Peterborough. Mrs. Bruce had a fine mind and took a keen interest in world events. Throughout her long and active career, Mrs. Bruce rendered loyal and devoted service for which she will be long remembered.

Audrey Taylor died on March 7, 1942, after a short illness. She was a graduate of the School of Nursing of the Winnipeg General Hospital, and a member of the Class of 1928.

STUDENT NURSES PAGE

A Nursing Study of Acoustic Neuroma

ALMENA KEDDY

Student Nurse

School of Nursing, Toronto General Hospital

Mrs. B., a farmer's wife, was forty-one years of age. Seven years previous to her admission to the hospital she had an operation for cholecystectomy, appendectomy and exploration of the pelvis. She enjoyed working hard in her home and outside in her garden. Mrs. B. was natural, sincere and intelligent. She possessed a pleasing personality and a great deal of courage. In December, 1940, she developed a persistent headache for which there seemed no apparent cause. Thinking it would soon disappear, she went to bed each night hoping it would be gone when she awoke the next morning. Being an unselfish woman, and not realizing the warning the headache was trying to give her, she went about her daily work without complaining. This headache persisted for about six months. All this time Mrs. B. tried to carry on in her usual cheerful, helpful way. One morning early in July 1941 she noticed, while dressing, that the room seemed to swim around her. She ate her breakfast as usual, but as soon as she was finished she became nauseated and vomited. After vomiting she felt a little better but as soon as she ate something the nausea returned. As the nausea and dizziness continued for several days the family doctor was called. He noted that the vision in her right eye was diminished, also that the hearing in her right ear was impaired. After a careful examination, the doctor suspected a tumour of the brain. Realizing that prompt attention was necessary, he brought Mrs. B. to the Toronto General Hospital.

A persistent headache for which no apparent cause can be found is often the first warning of the possible presence of a tumour of the brain. This may or may not be supplemented by mild, puzzling, neurological signs such as loss of the sense of smell, decreased hearing or buzzing in the ears. As soon as any of these signs or symptoms are noted a doctor should be consulted. It is important for the nurse in the home, hospital or community to realize the importance of early attention. An early diagnosis means a better prognosis. Later symptoms which may occur are dizziness, blurring of vision, nausea, (which eventually causes loss of weight), deafness, ataxia and paralysis. Sometimes there is restlessness, then drowsiness, succeeded by stupor and finally deep unconsciousness with a change in the respirations, heart rate, temperature and blood pressure, terminating in death. At the present time the treatment for a brain tu-

mour is always operative, whenever any hope can be held for cure or improvement.

Mrs. B. was admitted to the neurosurgical service and, when she was settled comfortably in bed, her temperature, pulse and respirations were taken and recorded on her chart. A specimen of urine was sent to the laboratory. A urinalysis showed that pus cells were present. Their presence was due to a slight infection of her bladder which was cleared up in a few days when she was given sulphathiazole by mouth. A Wassermann test gave negative results indicating the absence of syphilis. A blood typing test showed that Mrs. B. was type ii. This was done so that blood donors could be available for a transfusion. Most people who have brain tumours removed are given a blood transfusion to help combat shock.

During the two weeks following her admission, the doctors were busy diagnosing the location and type of tumour. This gave the nurse ample opportunity to study her habits of living and personality. A complete physical examination, including a neurological examination, was carried out by the doctor. X-ray films of the skull were taken to discover any bony defects. A ventriculogram was done to study the shape and position of the ventricles of the brain; that is, air was injected into the ventricles by a needle inserted through a burr hole in the skull. Air is opaque to x-ray, brain tissue is not. Hence, the shape of the ventricles can be clearly seen and the relationship to the skull and brain studied. Normally they look like a pair of symmetrical butterfly wings, in the antero-posterior view. In studying Mrs. B's a slight filling defect from the right of the third ventricle was noticeable. Pressure somewhere was causing interference with the flow of the cerebro-spinal fluid.

After the ventriculogram, Mrs. B. was kept flat in bed, without a pillow for twenty-four hours to prevent the headache which usually follows. A cranio-cerebral injury chart, on which her pulse and respirations were recorded every hour and rectal temperature every two hours, made it easy to notice any unusual changes. Aspirin, phenacetin and caffeine tablets were given to relieve her headache and she was allowed to eat anything she desired. When all the diagnostic procedures were completed, the diagnosis of a right acoustic neuroma was established; that is, a tumour of the right eighth cranial nerve, the nerve which carries the sensation of hearing and equilibrium.

The night before the operation a specimen of urine was sent to the laboratory to assure the doctor there was no infection present. A good cleansing enema, ordered by the doctor, was given by the night nurse to clear the bowel. It is particularly important to remember that, in cases of increased intracranial pressure, enemata are extremely dangerous. No shaving was done because the hair grows during the night. There is also danger of the hair follicles becoming infected. Everything possible was done to relieve the patient of worry, fear and that feeling of insecurity that troubles all patients awaiting anaesthesia and an operation. Mrs. B. was an optimistic woman and left for the operating room in good spirits. She seemed confident that the operation would be a success and she would soon be "going home". No pre-operative sedative was given. Morphia is never given to patients before or after operations on the brain because it depresses the respiratory centre (which is situated in the brain) and masks post-operative complications. Just before leaving for the operating room, Mrs. B. was given 1/150 of a grain of atropine subcutaneously to de-

crease secretions of the lungs.

An anaesthetic bed was made and taken to the door of the operating room. This bed differed from an ordinary anaesthetic bed as the position of the head and feet are reversed to facilitate dressing the wounds.

At 8 a.m., Mrs. B. was taken to the operating room. After her head was shaved by a skilled person, the skin was prepared with bichloride solution and alcohol. She was placed in the sitting position, with her legs and abdomen bound to help maintain her blood pressure. By means of an incision in the right occipital region, which looks like a question mark backwards, bone was chipped out revealing the right cerebellum. Part of the cerebellar lobe was cut away in order to remove the tumour which was adherent to the eighth cranial nerve. Both the seventh and eighth cranial nerves were cut. All the other nerves were saved. The wound was closed and she was placed in her warmed bed in Fowler's position. Unconscious and breathing with the aid of an airway, she was taken directly to the ward.

The nurse, who stayed with her continually until she became fully conscious, had collected everything necessary for her care on the bedside table. There were the usual instruments for post-operative care, clinical record forms, a cranio-cerebral injury chart, a pen and ink. A clinical record was kept. Everything the nurse did for Mrs. B. and everything she observed about her were recorded. Her temperature, which was taken by rectum, was normal. Her pulse and respirations were also satisfactory. They were counted every five minutes till she regained consciousness. The dressing on her wound was free from blood. A blood transfusion which was started in the operating room was still flowing. When only fifty cubic centimetres remained it was discontinued by an interne. The remaining blood was sent to the laboratory where it was examined. Often normal saline is given intravenously to help compensate for the blood which has been lost during the operation.

The cranio-cerebral injury chart was in the form of a graph. On it her rectal temperature was recorded every hour and her pulse and respirations every half hour. They did not vary during the twenty-four hours following her operation and the chart was discontinued by the head nurse. Any brain operation is really a head injury performed under aseptic conditions. It is easier to discover signs of post-operative shock and hemorrhage early by careful conscientious recording on this chart.

After Mrs. B. regained consciousness, she was allowed to rinse her mouth with water but not to swallow. Her swallowing reflex was weak from the disturbance of the brain tissue during the operation. For this reason a duodenal tube was inserted and she was given twenty-four hundred cubic centimetres of nourishing fluids in twenty-four hours. She received two hundred cubic centimetres every two hours. A few days later the tube was removed and she was given foods that could be swallowed easily such as creamed and puréed foods. Gradually she learned to swallow any food and soon gained strength.

For the first few days Mrs. B. slept most of the time. She was often aroused to assure the nurse she was sleeping and not unconscious. She enjoyed her daily baths and frequent alcohol back-rubs. The greatest care was taken, while she was turned, to protect the sutured muscles in the back of her neck. Everything possible was done to make her more comfortable. She expressed great appreciation for everything that was done for her.

Mrs. B. had no control of the muscles in the lid of her right eye. This meant

that her eye which was usually protected from the dust and air was unprotected. Conjunctivitis developed but was soon healed. The eye was irrigated with a 1:20 solution of boracic three times a day and covered with a watchglass for a few days. The watchglass was kept in place by a border of adhesive. The sixth day after her operation, the stitches were removed by a doctor. The wound had healed beautifully. There was no sign of infection. A dry dressing was applied but was removed several days later.

During her post-operative illness, she voided regularly and without difficulty. These patients should be watched carefully. If they are unable to void they must be catheterized every eight hours. Her bowels were regulated by oil and enemas. The enemas were always ordered by the head nurse because it is dangerous to give enemas to people with increased intra-cranial pressure or in post-operative cases. There is always increased pressure and danger of hemorrhage following an operation on the brain. Mrs. B. needed no sedative; if she had been restless she might have been given aspirin, phenacetin and caffeine tablets or phenobarbital in some form either by mouth or hypodermic. She would not have been given morphia for, as already stated, it masks the state of consciousness and one cannot get a true picture of the patient's condition.

Mrs. B. progressed very well. A little improvement was noticeable each day. Soon she began to take an interest in her surroundings. Later, she sat on the edge of the bed for a few minutes and the next day she was allowed to be up in a chair. This was a very happy moment for her. She still had no control over the muscles on the right side of her face and the hearing was destroyed permanently in her right ear. As soon as she was strong enough, the glossopharyngeal nerve was anastomosed to the peripheral portion of the seventh nerve. By re-education, the motor impulses to the peripheral end of the seventh nerve would be supplied by the glossopharyngeal nerve; that is, the paralysis would gradually disappear. But when she went home a few weeks later there was no sign of recovery. The hearing in her right ear was gone forever but she was happy. The doctor had saved her life. She said good-bye, bubbling over with gratitude for everything that had been done for her.

This benign tumour just grew. There is no known cause for a brain tumour. Therefore nothing could have been done to prevent it. Mrs. B. is very lucky that it was discovered when it was. Delay would, no doubt, have meant loss of function of many parts of her body, if not ultimate death within a few months. The important thing is to be able to recognize the symptoms and act at once. The public should be taught this, and many lives could thus be saved.

A Deeper Insight

Under the auspices of McGill University, and with the co-operation of the McGill School for Graduate Nurses and the Verdun Protestant Hospital, between 60 and 70 graduate nurses, public health, private duty and hospital head nurses were given a better idea of the application of certain special techniques and an additional interesting point of view in nursing. On ten successive Thursday nights we were lost in the background of psychiatry, the fundamentals of mental health and the recognition of essential variations from the normal. From the purely technical at first, we next

listened to case histories, which illustrated the points so well made. We saw the difficulties that wartime stress and strain could cause and were causing, and realized the problems that must necessarily be associated with any reconstruction period. Then, in the last four lectures, we saw with our own eyes demonstrations of the different types of cases and the newer treatments with electricity and insulin, which are proving their power to make life new once again for so many. As we listened and pondered, we felt that we had gained in these ten weeks a deeper insight into the mental side of life, a keener understanding of and sympathy for our own patients, many of whom we now realize are just starting on a journey away from reality. Best of all, there was a feeling of hopefulness and deep relief that it can no longer be said: "Who can minister to a mind diseased?"

We wish to thank McGill University for sponsoring this course and also, and very particularly, the McGill School for Graduate Nurses, and the medical and nursing staff of the Verdun Protestant Hospital, who spared no time or trouble to help us on the road of knowledge.

—*Rose Mary Tansey.*

A Tribute to Ann Baillie

In the March issue of the *Journal*, reference has already been made to the loss that the nursing profession has sustained in the death of Ann Baillie. The following excerpts are taken from a sincere and moving tribute paid to her by a member of the medical profession in Kingston:

Of Miss Baillie it may be said that she belonged to the fortunate class of people who find in their work a true expression of their gifts. Here, in the calling which was to absorb the effort of a lifetime, she found the means by which she could lay on the altar of service, the best that was in her.

Whatever plans the young graduate nurse may have had for the future were given a new turn by the outbreak of war in 1914. As might have been expected of her, Miss Baillie lost no time in placing her services at the disposal of the military authorities. From the moment her Unit began to discharge the functions for which it was organized, Miss Baillie was assigned to duty in the operating rooms. Through the Egyptian autumn and winter, the Unit remained in Cairo but the need for hospital facilities disappeared and brought about a transfer to a point behind the battle lines in France. In the new scene, Miss Baillie continued in charge of the operating rooms. Day after day for many months she discharged her duties, with an untiring buoyancy of spirits which was a peculiar boon in the stress and tenseness of the time. There were no complaints; and never a difficulty which was not smilingly surmounted. Those who saw her at this time, and knew later of her work in Kingston,

ANN BAILLIE

realize that here in Etaples were developed and matured those qualities which enabled her to carry successfully the burdens of the important position in civil life to which she gave her best years. For meritorious service and a high standard of conduct, Miss Baillie was awarded the R.R.C. and mentioned in Despatches, recognitions never more fittingly bestowed.

At the close of the war and during a period of advanced training, the door of opportunity was opened to Miss Baillie by an invitation from the Kingston General Hospital to take the position of superintendent of nurses in the School from which she had graduated fourteen years previously. In accepting this offer she finally made choice of the field in which her qualities were to find full expression. Within its boundaries, she was destined for eighteen years to expend her fine abilities and play an important part in reorganizing and reshaping one of Canada's foremost Nursing Schools. From this moment her life merges with the history of Kingston General Hospital.

As the end of life came in sight it was evident to those who worked with her that it would be faced with no slackening of courage. Ann Baillie accepted the verdict of fate, undaunted. She expressed the hope that the days of her inactivity might be few; that she might continue with her work as long as possible. There was no fear; only regret that her work would no longer continue in the scenes she loved. Subsequent action by the Hospital Governors has given to the residence the official designation of the Ann Baillie Home for Nurses. Her portrait, in this memorial building, will call the attention of those who enjoy its comforts to the fact that they are indebted in no small measure to the superintendent whose likeness is set before them in token of the great respect due her memory.

Canadian Nurses for South Africa

The following military nursing sisters have been named by the Department of National Defence to reinforce those already serving in South African military hospitals:

Alberta: R. C. Cameron, J. M. Clack, W. C. Hague, S. M. T. Hall, D. B. Kreutzer, I. Lamont, F. E. Lee, L. E. McComb, F. E. Mitchell, C. H. Schnell, E. M. Saklofsky, R. A. Stead, E. F. Sutherland, R. I. Turnbull, M. Wainwright, A. M. Orr, S. McDonald, P. M. Opie.

British Columbia: T. L. Baker, D. G. Bischlager, E. L. Clement, E. Coles, M. P. Dobbie, M. L. Dobbin, A. A. Hopkins, B. S. Krag, L. MacMillan, E. G. Putnam, H. M. Smith, G. Stevenson, H. M. Williams, K. I. Krag, N. V. Lee.

Manitoba: B. I. Solmindson, C. M. McKinnon.

New Brunswick: R. M. Atkinson, H. A. Brown, M. M. Henderson.

Nova Scotia: J. J. McKinlay, M. J. Hingley.

Ontario: W. M. Barker, M. V. Betts, M. E. Booth, R. V. Breakey, D. Bushell, M. E. Colledge, R. G. Dalton, J. H. Dame, A. I. Davis, D. E. Doan, M. C. Dolan, C. M. Downs, E. E. Edey, A. L. Effinger, H. J. Elliott, K. E. L. Garrett, B. A. Girard, H. C. C. Holland, A. M. Kavanagh, A. M. King, M. V. MacLean, J. G. McAdoo, A. M. McElheran, H. P. McInnerny, A. M. McNillan, L. W. Mitchell, M. Rielly, A. G. Robertson, E. Rothwell, M. V. Singer, M. J. Snelgrove, J. E. Smart, J. M. Spettigue, H. A. Stearns, M. E. de St. Remy, M. E. Thompson, D. G. Westhaver, L. F. Jamieson, H. M. Frost, A. B. West, J. Black.

Prince Edward Island: C. A. Clohossey, L. L. Dockendorff, C. S. MacLean, J. C. MacPhee, H. P. Wood.

Quebec: H. Bonneau, E. Bushell, B. M. Dionne, K. S. McKim, E. M. H. McLimont, O. Morgan, M. A. Parent, M. S. Burnfield, M. E. Lindsay, E. E. Grimmer.

Saskatchewan: E. E. Barton, G. L. Berndt, M. I. Greenfield, J. E. MacKay, M. E. Niblett, K. F. Olshewski, T. J. Scott, M. G. Simpson.

U.S.A.: M. D. C. Stevenson, Detroit, formerly of Regina, Sask.

Overseas Mail

The following letter was written to a Montreal nurse who, besides writing delicate and imaginative verse, is also very clever with her hands. Having made a beautiful afghan, she gave it to Miss E. Frances Upton in the hope that it could be sent to some British civilian nurse who had suffered from the effects of air raids. Thanks to the courtesy of the Overseas Parcels League, Miss Upton was able to send the afghan to the secretary of the Royal College of Nursing with the request that it be given to this young student nurse who was known to have sustained severe injuries.

The lovely afghan you were kind enough to send me keeps me beautifully warm and I do not know what I should do without it. Perhaps you would like to hear about the raid in which I was injured. The sirens went before I had got undressed and no sooner had they started than a "basket" of incendiaries dropped round the hospital and the nurses had to return to the wards. Most of the night was spent in the side ward until the glass was shattered in the windows and the patients were moved into the main ward. Later, the ward above had a direct hit and part fell onto our ward. The patients were wonderful and those that could walked to the basement and the hospital staff carried the rest and rescued those who were partly buried. At about 6.30 it was getting light so we thought we would go outside and see what the hospital looked like. To get outside, we had to walk over a bomb-hole and inside the hole was a mattress which had caught fire and been thrown out of the window and fallen into the hole. After awhile we were sent down to the basement to wait until we could start moving the patients and I had just got downstairs when there was an explosion and I remember nothing more until some days later. The explosion was caused by a delayed action bomb which had fallen into the hole which we had seen and, being covered by the mattress, had not been noticed. I had my back to it and so got the full benefit of it, which I shared with another nurse. We both had head wounds, fractured skulls and vertebrae. My bones seemed to take a great deal longer to mend as my last plaster jacket (I had four altogether) was not removed until a month ago. Since then I have had to go to the hospital daily for exercises.

I had another exciting experience at home when one night the sirens went and immediately something came whizzing through the air and landed with a thud. Before we had decided whether we should go upstairs and see if anything had happened, there was a terrible clattering on the roof and we decided to stay in the hall. We had not been there many seconds before we saw white flames from every door crack and window. We thought the house was on fire and went outside to see nothing but flames and smoke all round and five incendiaries in the garden. The rattling we had heard was at least two incendiaries rolling down the roof. Fortunately the long shovel was within reach and Mother grabbed it and began putting out a bomb which was shooting sparks at the garage, while I found a shovel and went for two close together in the cabbage patch. I had just buried my two when the F.A.P. superintendent sent us over to the shelter while he and the other men put out the bombs on the lawn and in the back yard. It was a marvellous sight to see all those incendiaries. We were surrounded by fields which were full of them. They looked like shocks of corn burning.

I saw my doctor a few days ago and he told me that I should be able to start work in a month or two. I shall not be able to do nursing straight away and, as I have never wanted to be anything but a nurse,I hardly know what else to do. There are plenty of jobs to be had but I don't fancy any of them at the moment. I expect I shall have to register in March so, if I have not got a job by then, I shall probably have one given me.

Travaillons ensemble

In the April issue of the *Journal*, reference was made to a meeting of the Association of Registered Nurses of the Province of Quebec which took place recently in the city of Quebec. At one of the sessions, three addresses were made, in the French language, dealing with the international, national, and provincial relationships of the A.R.N.P.Q. At the request of the Association the text of these addresses is presented herewith. By way of introduction, Ethel Johns spoke of the significance and value of a provincial association which makes it possible for its members to enjoy the privilege of belonging to the Canadian Nurses Association and the International Council of Nurses. Mlle Alice Albert then gave a vivid picture of the actual accomplishments of the A. R. N. P. Q. especially in relation to the organization of emergency nursing service and made an eloquent plea for understanding and co-operation between the English and French-speaking members. Mlle Suzanne Giroux then outlined some eminently practical suggestions for recruiting students for schools of nursing and also gave an excellent summary of the recommendations now being carried out under the direction of Miss Kathleen Ellis, recently appointed National Adviser by the Canadian Nurses Association. We very much regret that space limitations make it impossible to give a full translation of the truly inspiring addresses made by Mlle Albert and Mlle Giroux. The manner in which they were received by the large audience gave proof that the entire membership of the A.R.N.P.Q., French and English alike, can and does work together.

The text of the address given by Ethel Johns is as follows:

L'on m'a demandé de vous entretenir pendant quelques minutes sur les aspects nationaux et internationaux de notre profession. Dans les temps difficiles que nous traversons, nous devons être fières de voir les infirmières du monde entier unies par des aspirations et un idéal qui nous sont communs à toutes. J'ai eu l'occasion, il y a quelque temps, à New York, de causer avec Miss Effie Taylor, la présidente du Conseil International des Infirmières. Depuis le début de la guerre, elle a fait tout son possible pour se tenir en communication avec les trente-deux associations nationales d'infirmières qui constituent le Conseil International. Elle m'a avoué que lentement mais surement le contact officiel est interrompu à mesure que les nations sont jetées dans le conflit mais que malgré tout elle vient à bout d'avoir des nouvelles.

Il n'y a pas longtemps, j'ai moi-même reçu indirectement un message de l'Ecole universitaire de Nursing de Varsovie avec laquelle j'avais été en relation lors de mon séjour en Europe. "Ne vous découragez pas, a-t-on dit, malgré que l'édifice de l'école ait été détruit par les bombardements, nous avons admis il y a quelques jours une trentaine d'élèves. Nous continuons notre oeuvre. Eux aussi (les Allemands) ont besoin de nous". Voilà pourquoi le nursing est et doit être international. L'humanité tout entière a besoin de nous, amis ou ennemis.

Nous devons espérer et croire que le Conseil International des Infirmières survivra au conflit tout comme cela est arrivé lors de la dernière guerre et que lorsque la paix sera rétablie, les infirmières du monde entier se réuniront une fois de plus comme elles l'ont fait à Londres il y a cinq ans. Elles sont venues de tous les continents et presque de tous les pays, sans distinction de religion, de race ou de couleur. Ces infirmières n'étaient entravées par aucune théorie politique ni aucune frontière nationale, le monde entier était leur province. Ne doit-il pas en être ainsi aujourd'hui plus que jamais? Nous voulons construire et non démolir, guérir et non blesser, aider à vivre et non tuer.

Le fait que les infirmières du monde entier se comprennent et s'entr'aident n'est pas purement accidentel; cela est dû à la prévoyance et au courage de femmes éclairées qui ont su organiser en groupes les infirmières de leur propre pays, telle notre Association des Gardes-Malades du Canada, ces groupes venant ensuite à former le Conseil International des Infirmières. La carte de membre de votre Association provinciale n'est qu'un bout de papier mais elle vous fait membre de la société honorable des Gardes Malades du Canada; ce n'est pas tout, elle vous donne accès dans le monde du nursing qui réside au-delà de nos frontières nationales.

Les progrès accomplis dans la pratique de notre profession sont dus pour une large part aux efforts incessants de nos organisations de nursing, soit internationale, nationales ou provinciales. Ce sont elles qui ont combattu pour obtenir un meilleur enseignement, un logement plus confortable et des conditions de travail plus favorables. L'opposition a été formidable mais pas par pas nous avons avancé. Nous avons notre place dans l'armée, dans la marine et dans l'aviation. Nos services sont réclamés dans chaque hôpital du Dominion, à partir du poste de secours le plus éloigné de la Croix-Rouge, jusqu'au plus grand hôpital de nos cités les plus importantes. Nous avons notre place dans la vie nationale, nous en somme fières et nous voulons la maintenir.

Certaines personnes peuvent dire d'un ton un peu railleur: "Tout cela va très bien — mais qu'est-ce que l'Association provinciale a fait pour moi?" Nul mieux que moi ne sait combien il est difficile de convaincre les infirmières de l'importance qu'il peut y avoir d'appuyer et de défendre les organisations qui protègent leurs intérêts professionnels. J'entendais l'autre jour quelqu'un définissant comme suit les qualités essentielles de la religion: premièrement, elle doit être spirituelle, deuxièmement, être mystique et troisièmement, elle doit être érigée en une société. Il me semble qu'il doit en être ainsi de notre profession; mais nous sommes trop portées à oublier et à négliger le troisième point et à laisser porter le fardeau par quelques personnes seulement.

Notre Association des Gardes-Malades du Canada tiendra en juin cette année une convention à Montréal. Nous nous unirons toutes, infirmières de langue française, de langue anglaise, catholiques et protestantes pour célébrer le troisième centenaire de l'arrivée, dans cette colonie, de Jeanne Mance, cette femme de mérite, cette infirmière dévouée. Elle ne fut pas la première à soigner les malades en ce pays; cet honneur et ce privilège reviennent aux Ordres religieux qui l'ont précédée mais elle fut la première infirmière laique à fonder un hôpital et à organiser un service de nursing au pays. Qu'on me pardonne d'insister sur le mot laique, c'est que nous, infirmières laiques, réclamons Jeanne Mance comme notre pionnière et notre modèle; elle a subi les épreuves et les tribulations qui nous sont particulières et contre lesquelles l'ordre religieux offre une protection.

Je dois avouer que nous, canadiennes anglaises, sommes un peu jalouses de ce que Jeanne Mance fut une française; il est vrai que nous avons Florence Nightingale mais nous voudrions aussi réclamer Jeanne Mance comme nôtre. Nous admettons bien qu'elle vous appartient de droit car vous êtes les premières arrivées. Jeanne Mance est une figure universelle en nursing et notre inspiratrice à toutes; son étoile devient de plus en plus brillante à mesure que les années passent.

Que penserait Jeanne Mance si elle pouvait assister à notre Congrès national de juin prochain où l'on verra des infirmières des neuf provinces, d'un océan à l'autre. La présidente du Conseil International des infirmières ainsi que la Présidente de l'American Nurses Association seront au nombre des conférencières. Celle dont nous célébrerons bientôt le troisième centenaire pourrait voir autour d'elle des directrices d'écoles de langue française et de langue anglaise de tout le Canada, prenant conseil les unes des autres, dans l'école même qui porte son nom. Ne redirait-elle pas les paroles prononcées par le révérend père Vimont alors qu'il s'adressait à un petit nombre de pionniers réunis au pied de l'autel, sur les bords du Saint-Laurent: "Vous n'êtes qu'un grain de sénevé mais ce grain lèvera, croîtra et deviendra un arbre dont les bran-

ches couvriront la terre. Vous êtes peu nombreux mais votre oeuvre est l'oeuvre de Dieu." Si les infirmières du Canada devaient demander à Jeanne Mance de leur suggérer une devise, ne leur redirait-elle pas ces paroles dites pour la première fois un matin de mai, il y a trois cents ans? "Votre oeuvre est l'oeuvre de Dieu".

Mlle Alice Albert then spoke as follows:

Quel plaisir que de revoir Québec et surtout le toujours si intéressant groupe des Infirmières religieuses et laïques! Je remercie de tout cœur le Comité Exécutif de notre Association me procurant, encore une fois, la si belle opportunité de saluer les gardes-malades de cette ville et je suis tentée, on ne peut plus, plus que jamais, je devrais dire, de demander : "et le *Nœud?*" toutes se rappellent? . . . "gauche sur droite. . . droite sur gauche" . . . s'il est facile à défaire — au besoin — par contre, il est des plus solides — et pour cause. Mais, comme à peu près toujours, dans la vie, le sentimental doit faire place au devoir — et que la raison doit raisonner le cœur, en le faisant résonner parfois, je réponds donc, sans plus tarder à la demande de Mme la Présidente. Puisque Boileau la déjà si bien dit : "sur le métier, 20 fois remettez votre ouvrage" et qu'un des principes de l'éducation, c'est la répétition, nous venons d'entendre, une fois de plus ce que c'est qu'une Association Provinciale de gardes-malades — et, en quelques mots, voyons maintenant ce que fait notre Association pendant les temps, les jours que nous traversons; ceci ne sera encore qu'une répétition puisque toute infirmière, se tenant "à la page", sait bien ce qui se fait pour elle, par elle et autour d'elle.

L'Association, toujours aux aguets, non pas pour surprendre nos secrets, comme dirait la chanson, mais pour aider les gardes-malades et protéger le public, voit à ce que son organisme fonctionne bien — que son état de santé reste au bon.

Pour ce faire, l'Association offre chaque année 2 et même 4 bourses d'étude à des infirmières, en faisant la demande. De plus, nous avons les Régistres, répondant aux appels 24 heures par jour, fournissant ainsi au public tout ce dont il a besoin et pourvoyant en même temps au besoin de travail des gardes-malades. Le Comité Exécutif a, de plus, un sous-comité appelé comité d'éducation s'occupant activement des besoins des écoles de gardes-malades, travaillant en coopération avec les directrices de ces écoles. Un autre comité, non moins actif, est celui de l'hygiène publique, s'assurant ainsi que les membres de ces groupes soient qualifiés pour faire ce genre de travail.

Il y a près de deux ans maintenant, voyant la situation mondiale s'aggraver, et voyant le grand besoin de plus en plus urgent d'infirmières prêtes à répondre à l'appel du pays, l'Association Provinciale, par la voie de son Comité, décida de faire les dépenses nécessaires afin de permettre à ses membres de se refaire la mémoire ou de se mettre à la page et de faire donner, par toute la province, les cours : "Premiers secours aux blessés", ceci sous les auspices et en coopération avec la Société Ambulancière St-Jean. Quelques membres de l'Association se mirent donc au travail et à l'étude, se qualifièrent et reçurent leur certificat d'instructeur. Après avoir eu le plaisir et l'honneur de faire décerner 114 certificats, dans 4 hôpitaux de cette ville, j'avais la chance de visiter Chicoutimi, Trois-Rivières, Shawinigan, Sherbrooke, St-Hyacinthe, Hull, Valleyfield, Gamelin, ainsi qu'un petit groupe à Montréal, faisant décrocher ainsi 693 certificats — dont 384 à des infirmières religieuses — et 309 à des infirmières laïques. Nous nous mettions ainsi au rang de nos sœurs, gardes-malades des pays envahis, faisant un si grandiose travail parce qu'elles se sentaient et se savaient prêtes à faire face au danger.

En mai 1941, la situation mondiale devenant de plus en plus compliquée et le danger se rapprochant de plus en plus, les différentes Associations, telles la Croix-Rouge, la Société Ambulancière St-Jean parlèrent de resserrer les liens en se groupant davantage afin de pouvoir répondre aux besoins de "Chez-nous". Encore une fois, l'Association Provinciale prit l'initiative et forma un comité devant s'occuper de l'enrôlement volontaire des gardes-malades, établissant une différence bien définie entre gardes-malades graduées et aides-gardes-malades, ces dernières ne possédant qu'un certificat en pre-

miers soins ou en nursing, mais pouvant tout de même aider efficacement; ceci fait, l'organisation a vu à l'agencement de zones de secours — afin qu'il ne soit pas nécessaire que des infirmières d'un bout de la province aient à se déranger pour aller aider à l'autre extrémité — à moins d'un besoin de plus en plus grandissant. A ce propos, quelques-unes d'entre nous avons souvenance de la terrible catastrophe d'Halifax en 1917.

Aujourd'hui nous pouvons dire que nous sommes prêtes, que nous sommes organisées pour faire face au danger, et que toutes, tant que nous sommes, sommes à la hauteur de notre tâche — à la hauteur de notre profession de laquelle nous avons tant de droits d'être fières. M'adressant spécialement à mes compagnes, les infirmières laïques, je me demande ce que penserait — ce que dirait de nous l'immortelle Jeanne Mance — la première infirmière laïque de notre continent? N'est-ce pas, que nous sommes certaines qu'elle serait fière de nous?

Et voici un bref exposé de ce que fait l'Association pour nous, gardes-malades du Québec — et puisque nous avons des droits sur cette Association — n'avons-nous pas aussi des devoirs — l'un pourrait-il aller sans l'autre? — et, pendant que par le monde entier il n'est question que d'union — de fronts unis pour combattre pour la bonne cause et rapporter une victoire réelle et stable — pourquoi ne pas parler de coopération parmi les gardes-malades canadiennes-françaises? Union plus étroite veut dire : force plus grande, marche vers le progrès mieux assurée, et idéal à atteindre toujours plus haut — toujours plus beau. Semons aujourd'hui ce que nos cadettes récolteront demain, et que nous nous sentirions fières et hautes si dans 15, 20 ou 25 ans on disait de nous : "Comme elles s'aimaient, les gardes-malades de 1942!"

Et je termine par ces quelques lignes, puisées dans une plaquette que vient de publier l'Alliance Française de Montréal, sous le nom de "Quarante années au service de la Pensée Française", par Paul Villard : "Le dimanche 11 décembre 1921, l'Alliance Française de Montréal avait l'honneur ainsi de recevoir l'illustre Maréchal Foch dans la grande salle de l'hôtel Windsor. La salle était bondée et il fallut refuser l'entrée à un très grand nombre de personnes bien que l'admission fût par carte personnelle. Le Maréchal fit son entrée aux acclamations d'une foule enthousiaste alors que l'orchestre jouait la Marseillaise et l'hymne national canadien. La salle avait été décorée à profusion aux couleurs françaises, canadiennes et anglaises. Le président du groupe, l'hon. juge Gonzalve Désaulniers, souhaita la bienvenue au Maréchal, lui disant en terminant : "Recevez, Monsieur le Maréchal, l'hommage de l'Alliance Française; c'est dans ce groupe que la France a trouvé au Canada depuis vingt ans ses meilleurs serviteurs. C'est d'ici que son génie a rayonné par la voix de ses penseurs, de ses écrivains, de ses artistes; c'est dans cette tribune que d'humbles héros, sans épées, sont venus de France pour changer le cours de certains événements par la seule puissance de leur parole." Se levant alors, le grand soldat fut de nouveau salué par des acclamations frénétiques : "Il m'est facile", dit-il, "d'exprimer ce que je ressens actuellement; l'hôte du Canada, dans un coin de terre française, je me sens parfaitement chez moi. L'Alliance Française a contribué à la victoire morale de la France. C'est par l'alliance des peuples amis que nous avons obtenu la victoire sur le champ de bataille. *Je salue cette union, dans ce pays, où flottent des drapeaux anglais et français.*"

Mlle Suzanne Giroux then brought the series to a conclusion:

Vous venez d'entendre Mademoiselle Albert dire ce que nous avons fait. Reculons maintenant plus en arrière au berceau même de la colonie, nous voyons s'élever à Port-Royal, à Québec, à Trois-Rivières et à Montréal d'abord un fort, une chapelle, une école et quelque fois même avant l'école un hôpital. Les colons comptent pour leur sécurité sur le fort, le clocher, l'école et l'hôpital; de nos jours les choses ont-elles bien changées? Il est vrai, que les forts ont été abattus mais il serait peut-être sage de se hâter de les reconstruire. Nos clochers nous guident toujours et attendent nos supplications et même si l'école disparaissait puis à son tour le clocher, le fort, l'hôpital demeurerait. Ici comme actuellement en Pologne, en Allemagne, l'hôpital demeurerait

le témoin d'une vie spirituelle que ni la guerre ni les persécutions ne peuvent abolir parce qu'elle vient de Dieu même.

Le rôle de l'hôpital et des infirmières est grand, en effet, ne représentons-nous pas la miséricorde de Dieu, sa bonté envers toute une population souffrante. Le but primordial de notre profession de toutes nos associations a été de tout temps de servir le public, de répondre à ses besoins. L'avons-nous fait dans le passé? Le passé est magnifique; c'est une épopée dont quelques unes des plus belles pages ont été écrites ici même dans ces murs de Québec. Le présent est excellent et le futur demandra à toutes les infirmières, particulièrement aux infirmières laïques d'écrire une autre épopée; les temps héroïques sont revenus.

Nous n'étudirons pas ce soir les problèmes que l'après guerre peut nous amener; l'après guerre avec toutes ses victimes, blessés, orphelins, bouleversements sociaux et économiques etc. Contentons-nous d'étudier quelques problèmes amenés par la guerre, les remèdes qu'y apporteront une solution. De tout côté l'on se plaignait déjà avant la guerre qu'il n'y avait pas suffisamment de lits pour nos malades, nos tuberculeux, nos aliénés; à ce problème déjà ancien, d'autres viennent s'y ajouter, révélés par la guerre, par exemple, la mauvaise nutrition etc. Lorsque nous entendons le doyen d'une Université dire "ce mauvais état de santé menace la survivance de notre peuple", il faut s'arrêter — regarder combien de bras se tendent vers nous et demandent notre secours. Mesdemoiselles, c'est tout un peuple, une race fière qui demande notre aide.

La guerre a enlevé de nos cadres une grande quantité d'infirmières soit pour le service outre-mer, les industries de la défense nationale etc., pour la plupart des infirmières ayant de l'expérience, très souvent des qualifications spéciales et de grandes qualités. Ces infirmières venaient des hôpitaux aussi bien que du domaine de l'hygiène publique.

Premier problème. Un certain nombre de garde-malades bien préparées qui pourraient servir à former, à guider des infirmières plus jeunes, moins expérimentées ne sont plus à notre disposition. Ces mêmes industries de guerre avec leurs salaires alléchants sont un attrait pour les jeunes filles et leurs parents. Ces derniers permettent que leurs jeunes filles abandonnent leurs études et les empêchent ainsi de répondre à l'appel de nos écoles de gardes-malades. Voilà le deuxième problème.

Si d'une part la guerre nous cause bien des ennuis, d'autre part, elle nous donne des consolations; comme le faisait remarquer Mademoiselle Ellis, que l'on ait fait appel à un si grand nombre de gardes-malades pour leur confier des postes de grande responsabilité, c'est reconnaître publiquement notre compétence. Que tant d'infirmières spécialisées comme hygiènistes, surveillantes institutrices aient été choisies prouve que des études supplémentaires ajoutant à la valeur de la garde-malade et lui donne du crédit. Voilà à mon avis deux constatations des plus encourageantes.

Dans le second problème posé, je disais: qu'un grand nombre de jeunes filles ou plutôt de parents attirés par le gain que procure les industries de guerre négligent l'éducation de leurs enfants et qu'ainsi les jeunes filles ne pourraient répondre à l'appel de nos écoles d'infirmières. Je crois, Mesdemoiselles, que je n'ai pas besoin d'insister après ce que je viens de dire sur la nécessité de l'instruction pour une infirmière. Si à l'hôpital lorsque l'élève est entourée d'hospitalières, de surveillantes, de directrices cette nécessité se fait moins sentir, lorsque l'élève devenue graduée est seule aux prises avec la vie, c'est là qu'elle verra qu'en voulant l'aider trop souvent on lui a rendu un mauvais service en n'exigeant pas qu'elle ait achevé ses études avant son admission à l'école.

Je résume donc les deux problèmes déjà exposés. Serons-nous en nombre suffisant pour répondre au besoin du public? Seronsnous préparées de façon à répondre aux demandes du public? Pour reprendre une phrase chère à Monsieur Churchill, "Aurons-nous les outils?" Je réponds dans les deux cas, oui. Il nous faut des garde-malades. Où aller les chercher? Ouvrez les journaux avec moi. Lisez. Voyez toutes les bonnes volontés qu'y s'y offrent. Toutes les femmes veulent se dévouer.

Permettez-moi une petite comparaison, la rivière débordant au printemps arrose le

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champs de mon voisin au point de lui nuire dans sa culture et passe à côté du mien sans s'y arrêter et nuit également à la mienne. Alors quoi faire? Nos deux récoltes sont indispensables, unissons-nous, canalisons la rivière et la moisson sera grande. Il en est de même de cette grande rivière de dévouement qui veut se répandre de tout côté, canalisons, dirigeons vers notre profession les âmes fortes avides non de gloire mais de dévouement, faisons un appel aux grands coeurs. Il n'y a pas de plus beau champ d'action pour une femme que la profession d'infirmière.

C'est une phrase qu'il faut redire dans tous nos pensionnats, dans chacune de nos écoles, chez nos amies, dans les familles et partout. Devant vous, infirmières religieuses et laïques je n'ai pas à faire la preuve de cette vérité.

Aurons-nous des infirmières préparées à répondre aux besoins du public? Les gouvernements ont été justement alarmés du mauvais état de santé de notre peuple; il ne s'agit plus que de donner des lits aux malades. Comme le disaient les Drs Sylvestre et Nadeau, lors de l'enquête faite sur l'alimentation dans nos familles. "La santé c'est un terme positif et non pas une simple négation, excluant les maladies qui vous clouent au lit, ou les troubles qui diminuent de moitié les capacités individuelles." Un des grands devoirs de l'infirmière de demain sera de maintenir notre peuple en santé.

A qui ce devoir sera-t-il confié? Tous les journaux parlent d'un des projets du gouvernement fédéral, celui d'instituer des assurances sociales. Je ne crois pas faire d'indiscrétion en disant que le gouvernement d'Ottawa a consulté des garde-malades de notre association nationale à ce sujet. A qui ce devoir de maintenir notre peuple en santé sera-t-il confié. Des médecins en auront la direction, mais qui aura la patience d'expliquer à chaque mère, la gravité d'une maladie contagieuse même bénigne, l'importance d'une diète, etc. Je ne vois que les infirmières. Elles auront ce grand rôle à jouer d'un océan à l'autre, des missions du nord aux frontières américaines. Serons-nous préparées à le jouer ce rôle qui prend une telle ampleur? Oui, si dès maintenant nous nous mettons à l'oeuvre.

Quelques-unes me diront ces problèmes ne se font pas sentir chez nous. Peut-être, mais de nos jours il n'y a plus de distance et du fait il n'y a plus de temps. Et ce qui n'existait pas hier chez vous, peut y exister aujourd'hui et avez-vous bien regardé? D'autres me diront, je n'ai pas suivi de cours; à peine ai-je ouvert un livre depuis ma graduation, je suis une aussi bonne infirmière qu'une autre. Je n'en doute pas, mais permettez-moi de poser une question à cette garde-malade. Avez-vous fait tout le bien que vous auriez pu faire en continuant à développer votre belle intelligence en augmentant vos connaissances? De nos jours la lutte pour la santé se fait un peu comme la guerre actuelle. Le dévouement et le courage sont indispensables mais ne suffisent plus. Il faut être plus armées que jamais, il faut suivre le progrès et par-dessus tout il faut des chefs.

Toute une série de problèmes, analogues aux deux que nous avons étudiés ce soir, ont été présenté tant par notre association provinciale que les associations des autres provinces à notre association nationale:

1. Devant l'urgence de certains problèmes, l'association des garde-malades du Canada a cru bon de convoquer une assemblée spéciale de son conseil et d'y inviter des représentantes de toutes les Universités du Canada.

2. Là, des recommandations ont été faites dans le but d'aider à apporter une solution à ces problèmes.

3. Un comité d'urgence d'aviseurs en Nursing a été nommé, comprenant une représentante pour chaque province; pour la province de Québec, notre dévoué régistraire, Mademoiselle Upton, a été nommée.

4. Une infirmière a été choisie comme aviseur et chargée d'aider à mettre en pratique les recommandations faites par l'assemblée conjointe, c'est Mademoiselle K. Ellis que nous avons l'honneur d'avoir parmi nous. Mademoiselle Ellis à une grande expérience, comme directrice d'un hôpital, puis régistraire provinciale, et actuellement professeur de Nursing à l'Université de Saskatchewan.

What can a man believe in?

Is Nothing in this changing world unalterable? Are there no values to which we can cling? What can a man believe in?

Well, for one thing, there's the confidence a baby has in its mother; the yearning with which her arms reach out for her little one.

Look around and you'll find many other examples close at hand. Ideals that we defend with fierce conviction. Simple everyday truths that are rooted in the language — "women and children first"; "honour thy father and mother"; "give me liberty or give me death"; "a man's home is his castle."

To these should be added one more. Pride in work well done. The satisfaction that goes with believing that the priceless ingredient of every product is the honour and integrity of its maker.

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5. Des demandes ont été faites auprès du gouvernement fédéral pour qu'une aide financière soit accordée à l'Association des infirmières du Canada.

Notre Association provinciale, ce sont nos problèmes qu'elle a présenté à l'Association des Garde-Malades du Canada et cette dernière en nous demandant d'appliquer les remèdes ou recommandations ne nous conseille-t-elle pas de voir à nos propres affaires, de s'occuper de notre santé professionnelle? Je demande à chacune de ne pas rester indifférente même si elle est satisfaite de son sort, mais si elle a fait sa part, qu'elle ne soit pas indifférente qu'elle prépare l'avenir.

Devant le travail qui nous reste à faire, une fable me vient à l'esprit c'est celle du vieillard qui sentant sa fin prochaine dit à ses fils: "Un trésor est enfoui dans mon champ." Un peu comme le fils de ce vieillard nous n'avons exploité qu'une partie de nos richesses, sans faire rendre à nos talents tout ce qu'ils pouvaient rapporter, sans trop achalander nos écoles pour plus de savoir, sans retourner vers nos hôpitaux pour plus d'expérience.

Mais pour avoir notre grande place au soleil de l'avenir et cela en ayant des chefs, des infirmières parfaitement préparées, des infirmières spécialisées, faisons comme le fils du vieillard de la fable. Travaillons ensemble notre terre, notre profession, pour que chaque grain rapporte cent pour un, pour qu'elle demeure notre patrimoine.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Jean Leask has been appointed to the supervisory staff of the Toronto Branch. Miss Leask is a graduate of the School of Nursing, University of Toronto, and has recently completed one year of study and observation of public health nursing in the United States and Canada under a Rockefeller Foundation scholarship. Previously, Miss Leask was nurse-in-charge of the Regina Branch.

Miss Phyllis Dawson, a graduate of the School of Nursing, University of Toronto, has been appointed to the Toronto Branch.

Miss Olive Bell, Miss Kathlyn McDonnell, graduates of the Ottawa General Hospital, and *Miss Marie Kaufman* and *Miss Ruth Coldham*, graduates of St. Mary's Hospital, Kitchener, having completed two months' supervised experience on the Montreal staff introductory to Victorian Order work, have been posted respectively to Chatham, Woodstock (Ontario), Montreal, and Galt.

Miss Dorothy Paulin has been transferred temporarily from the Vancouver Branch to the Westbank Branch as nurse-in-charge.

Miss Dorothy Fowler has been transferred from the Sydney Branch to the Sackville Branch as nurse-in-charge.

Miss Ellen Linton has been transferred from the Sackville Branch to relieve temporarily as nurse-in-charge of the Amherst Branch.

Miss Margaret Baker has been transferred from the Montreal Branch to the Sackville Branch.

Miss Helen Rush has been promoted from staff nurse to nurse-in-charge of the Galt Branch.

Miss Flora Breese has resigned from the Border Cities Branch to accept a position as school nurse in Windsor.

Miss Anne McNichol has resigned from the Amherst Branch.

Miss Jessie Addison has resigned from the Winnipeg Branch to accept a position as school nurse in Calgary.

Miss Phyllis Kitchen has resigned from the Toronto Branch to be married.

Miss Margaret Brisbin has resigned from the Chatham Branch.

Miss Martina McDonald has resigned from the Dartmouth Branch.

Jaw Bones from Ribs

New noses, new cheek bones, new jaws, built up for the most part from the owner's ribs are among the achievements of plastic surgeons in Britain's hospitals today. Although the heaviest air "blitz" kills or maims only a fraction of the total estimated before the Luftwaffe came, the proportion receiving facial injuries is high. Thirty years ago many of these mutilations would have been beyond remedy. Today the plastic surgeon can virtually restore most of the features to normality. He will graft as much as a hundred square inches of skin from one part of the patient's body to another. A section of rib, six inches long, becomes a jaw bone. A woman smiling to greet a friend does so thanks to the section of sciatic nerve that keeps normal a face which would have been permanently twisted by deep glass wounds. Every week the surgeons of Britain are slowly and successfully rebuilding these features damaged by splinters and fragments of flying glass, wood and steel.

Reductio ad Absurdum

If, gorged with food and drink,
We cannot use our intellects —
(Latin Grammar — top of page).
"You are too fat" — the doctor said,
And nodded his sagacious head —
"If I get thin," the nurse replied,
"My spirit will be sorely tried!
For I like pastry, candy, cake,
Of salads drenched in oil partake!"
"And you stay fat", he calmly stated,
"Your years of life will soon be dated."
And so she lost by night, by day,
In every kind and sort of way.
Since then four months have passed in line
The scale now reads — one thirty-nine
We cannot see where she is brighter
But must admit she is much lighter.

Rose Mary Tansey

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(1) A three-months course is offered in Obstetrical Nursing. (2) A two-months course is offered in Gynecological Nursing. For further information apply to Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital.

(3) A course in operating room technique and management is offered to nurses with graduate experience in operating room work. (4) Courses are also offered in medical nursing; surgical nursing; nursing in diseases of the eye, ear, nose and throat; nursing in urology. For further information apply to **Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital.**

NEWS NOTES

ALBERTA

PONOKA:

Mrs. R. Headly, of Ponoka, made a recent meeting of Ponoka District, No. 2, A.A.R.N. very interesting by giving an informative lecture on the Constitution of the United States.

Miss Clara Schnell has joined the Military Nursing Sisters who are to be assigned to duty in South Africa. Miss Frances Langley is doing private duty nursing in Calgary. Miss Mildred Nelson has returned from duty at the Regina General Hospital Psychiatric Unit. Miss Margaret Tamblyn has been transferred to duty at the Provincial Mental Hospital, Oliver. She will be supervisor of a new wing recently opened there.

LETHBRIDGE:

Miss Frances Harvey, superintendent of Galt Hospital, attended the annual meeting of the A.A.R.N. which was held in Edmonton. Miss Ruth Hooper and Miss Deborah Bond represented the private duty nurses of Lethbridge District, No. 8, A.A.R.N.

Miss Phyllis Clarke has accepted a position at the Vancouver General Hospital. Miss Irene Kennedy (Galt Hospital) has accepted a position at the Kelowna Hospital, B.C. Miss E. Elsgard (Galt Hospital) has accepted a position at Vernon, B. C. Miss D. Shaw (Galt Hospital) has accepted a position at the Claresholm Hospital, Alta. Miss Agnes Orr (Yorkton Queen Victoria Hospital, 1939), who has been on the staff of the St. Michael's Hospital for the past year, has been accepted by the R.C.A.M.C.

Married: Recently, Miss Olive Cardwell (Galt Hospital) to Mr. Robert Faulds.

EDMONTON:

Royal Alexandra Hospital:

The Royal Alexandra Hospital Alumnae Association entertained recently at a banquet in honour of the 1942 graduating class. About 200 guests were present. The speaker was the Rev. Canon A. M. Trendell who gave a most inspiring address. We were delightfully entertained in music by the Royal Alexandra Nurses Choral Club. A highlight of the evening was a presentation of a scholarship of $250 from the Alumnae Association to Miss Annie Swift, of the class of 1940, who plans to take a postgraduate course in ward teaching and supervision at the School of Nursing, University of Toronto.

The staff of the Royal Alexandra Hospital entertained recently for the following nurses who are leaving for duty in South Africa—Miss Rita Cameron, Miss Evelyn

Sutherland, Miss Sadie MacDonald, and also for Mrs. Dorothy Halpenny who has received an appointment in the Naval Service, and Miss Evelyn Gault who is to be married shortly.

BRITISH COLUMBIA

TRAIL:

On March 13 the Nelson, Trail, Rossland and Nakusp-New Denver chapters met in Trail, for their second annual meeting which was attended by 95 members. The meeting was preceded by a banquet at which Miss Vera Eidt, superintendent of Kootenay Lake Hospital, presided and Miss E. Mallory, provincial registrar, was the guest speaker. Miss Eidt gave a brief outline of the activities of the District, the highlight being the formation of the fourth chapter, namely the "Silver Arrow Chapter", which was formed on March 23, consisting of nurses from Nakusp and New Denver. Reports given by each of the chapters covered the work done and emphasized their success in fulfilling a need of contact with one another. Sister Annunciata, of the Rossland Chapter, in her report of the hospital and school of nursing section, stressed three facts which are of vital importance to the nursing profession as a whole: the need of stimulating student enrolments; the training of nurses' aides in connection with the Red Cross for war emergencies; better training methods for students and more post-graduate work for graduates. In her address Miss Mallory emphasized the shortage of nurses during the present conditions and ways in which the problem might be overcome without endangering nursing standards.

VANCOUVER:

The University Nurses Club, which includes all graduates of the public health nursing course and the teaching and supervision course at the University of British Columbia, recently held a delightful tea. Although the club is centred in Vancouver, many members from Fraser Valley points and Vancouver Island were present. Miss Alena Croll was in charge of arrangements.

A short business meeting was held, when the executive for the coming year was elected and presented to the group. They include Miss Margaret Kerr as honourary president; Miss Florence Barbaree, president; Miss Marion Wismer, vice-president; Miss Alma Buckley, corresponding secretary; Miss Dorothy Tate, secretary-treasurer; social convener, Miss Jean Dods. The club has forwarded a resolution to the Registered Nurses Association of British Columbia offering their assistance for any special duties in relation to war emergencies which the Association might assign to them.

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Vancouver General Hospital:

The Vancouver General Hospital Alumnae Association sponsored two most opportune and stimulating series of lectures for graduate nurses, entitled "War Emergencies", and dealing with such vital subjects as first aid, wounds, burns and shock, control of incendiary bombs, and psychological reactions in emergencies. The need of such refresher courses was shown by the capacity attendance at both series. The net proceeds of $320 were donated to the British Nurses Relief Fund.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

The Alumnae Association of the Winnipeg General Hospital recently held a very successful silver tea. The president, Miss Isabel McDiarmid (1921) was assisted by the honourary president, Mrs. W. A. Moody (née Holland, 1892), and Miss Catherine Lynch (1924) in receiving the guests. The proceeds of $187 were donated to the British Nurses Relief Fund.

Miss Eva Brown (1940) has joined the staff of the Trans-Canada Air Lines. Miss Isabel McDiarmid has recently been appointed director of the social service department in the W. G. H. Miss Mary Weeks (1941) has accepted a staff position at the W. G. H. We were very glad to hear from Miss O. Wicks (1928), Miss M. Waugh (1931), Miss K. King (1937), and Miss F. Olafson (1937) who are serving in South Africa.

NOVA SCOTIA

HALIFAX:

A successful conference of hospital nurse administrators, directors of nursing, and representatives of the provincial association was held recently in Halifax to discuss problems of hospital nursing services in relation to the recommendations drawn up by the Canadian Nurses Association. Greetings to the conference were received from Miss Kathleen Ellis who expressed her regret at not being able to be present. Forty-one representatives of hospitals and of the nursing association branches from all parts of the province attended the meeting, and the discussions were freely participated in by those present. Tea was served at the Children's Hospital, when Mr. Wright, president of the Hospital Association of Nova Scotia and Prince Edward Island, spoke on the relationship of boards of directors to the nursing service of their hospitals.

It is hoped that the resolutions adopted at a recent meeting by the executive committee of the Registered Nurses Association of

Nova Scotia will result in relief of situations that are becoming acute.

Miss Kathleen Ellis, B.Sc., Reg. N., Emergency Nursing Advisor, Canadian Nurses Association, recently visited Halifax. This initial visit was necessarily a brief one, but she intends to visit the province at a later date. During her two days stay in Halifax, Miss Ellis made contacts with superintendents of hospitals, superintendents of nursing schools and their graduate and student staff, leaders in public health, and representatives of the University and of the educational department.

At a recent meeting of the Halifax Branch, R.N.A.N.S., Major Ernest Janes, surgeon-in-chief of the Cogswell St. Military Hospital, gave a most interesting address on recent advances in war surgery. A large number of military nurses were present as well as senior and affiliated students from the various schools of nursing. The attendance of 120 constituted a record.

ONTARIO

District 1

CHATHAM :

The annual meeting of District 1, R.N. A.O., was held recently in Chatham. Miss Jessie Wilson, of St. Thomas, presided at the meeting of the executive, followed by a delightful luncheon. The general meeting opened with prayer and the singing of "O Canada". The reports of the sections were gratifying and showed keen interest. Major Doris Barr outlined the plans for the R.N. A.O. meeting to be held in Windsor. Dr. J. L. MacArthur, in an address on obstetrics, stressed the importance of pre-natal care, and the part played by the thyroid gland in relation to abortions. Miss Edith Patterson, dietitian, of the Public General Hospital, Chatham, spoke on the importance of proper nutrition, particularly in wartime. She pointed out that proper nutrition is maintained not only by eating enough food, but also a sufficient amount of the right kind.

The following officers were elected to serve during the coming year: Chairman, Mrs. C. I. Salmon, Chatham; past chairman, Miss Jessie Wilson, St. Thomas; first vice-chairman ,Major Doris Barr, Windsor; second vice-chairman, Miss Madalene Baker, London; secretary-treasurer, Miss Anne Kenny, Chatham; councillors: London, Miss Isobel Stewart; St. Thomas, Miss Edna Wightman; Strathroy, Mrs. Jean Wilson; Petrolia, Miss Ida Rathwell; Sarnia, Miss Doris Shaw; Windsor, Miss Mary Perrin; Chatham, Miss Hazel Gray; conveners of sections: hospital and school of nursing, Miss Priscilla Campbell, Chatham; general nursing, Miss Helen O'Mahoney, London; public health, Miss Margaret Armstrong, London; conveners of committees: membership, Rev. Sister Roy, Windsor; enrolment, Miss Della Birrell,

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REGISTRATION OF NURSES

Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held on May 27th, 28th, and 29th.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
Parliament Buildings, Toronto

London; publications, Miss Nellie M. Williams, London; circulation of *The Canadian Nurse*, Miss Beryl Crawford, London.

The nurses were guests of the Public General Hospital and St. Joseph Alumnae Associations at a delightful tea. The spring meeting will be held in St. Thomas on June 6, 1942.

Districts 2 and 3

GUELPH :

Guelph General Hospital :

Miss Ida Malloy and Miss Lois Black are doing industrial nursing in St. Catharines and Peterborough respectively. Mrs. J. M. Black and Miss Marguerite Singer are leaving shortly for military service in South Africa—Mrs. Black has been night supervisor of the Guelph General Hospital for the past five years. Word has been received that Miss Helen Hall arrived in South Africa in the early part of the year.

Miss Marguerite Hewitt left Canada recently for military service overseas.

KITCHENER :

The regular monthly meeting of the Alumnae Association of Kitchener and Waterloo Hospital was held recently. The guests were the members of St. Mary's Hospital Alumnae Association, and the local chapter members. A musical program and a social hour were enjoyed by all.

STRATFORD:

At a recent meeting of the Alumnae Association of the Stratford General Hospital Mrs. H. M. Aitken, of Toronto, spoke on "To-morrow Will Come".

Miss C. Attwood and Miss A. C. Ballantyne attended the R.N.A.O. annual meeting in Windsor as representatives from the S.G.H. staff. Miss O. Bell represented the student body.

District 4

HAMILTON:

Hamilton General Hospital:

Miss Ada Squires, of the staff of the H.G.H., is now on active service with the R.C.A.M.C.

The following marriages have recently taken place: Verna Nicholson to L. Purnell; Gertrude Switzer to William Beaver; Edna Scott to Stanley Broughton.

District 5

Toronto:

St. Michael's Hospital :

The spring meeting of St. Michael's Hospital Alumnae Association was held recently when the election of new officers took place. Principal discussion centred around a motion offering two scholarships each year—one to a graduating student nurse, as usual, and the other to a graduate who has been practising two years or more. The majority of the members took an active part which we felt was an encouraging indication of the growing interest in postgraduate study. The final motion passed offered a scholarship of $300 to each nurse with the option of borrowing another hundred dollars, if desired, from the Alumnae Association. Miss MacKay, of the Hydro Electric Co. of Ontario, gave an interesting talk on industrial nursing.

Hospital for Sick Children :

A meeting of the Alumnae Association of the Hospital for Sick Children was held recently when Dr. T. A. Robinson, of St. Michael's Hospital, gave an interesting and instructive talk on recent advances in modern surgery. This address dealt particularly with the sulphonamides and pentothal as a boon to surgeons. A social hour followed.

District 8

Ottawa :

Ottawa General Hospital:

The following nurses from the Ottawa General Hospital have enlisted for war services: In the R.C.A.M.C.: Nursing Sisters K. Bailey (1922), Gladys Clarke (1922), Anita Mercier (1933), R. Desrochers (1935). These have arrived overseas. At present stationed at Rideau Military Hospital, Ottawa, are: D. Brennan (1929), Anita Bergeron (1932), Willa Ahern (1935). At Kingston are: Roberta MacDonald (1938), Gladys Arcaud (1932). Enlisted in the nursing service of the R.C.A.F. are: Muriel Kavanagh (1936), Laurence Larocque (1933), Kathleen Costello (1934), Jeanine Coupal (1937). In the R.C.N.V.R. at St. Hyacinthe are: Sausta McCullough (1930), Margaret Dolan (1930).

Cornwall :

Cornwall General Hospital :

The following marriages of graduates of the School of Nursing of Cornwall General Hospital have recently taken place: Miss Eleanor Ruston to Mr. Delorma S. Fenton; Miss Beulah Vivian Kincaid to Mr. Herbert Allister Quart.

HEADQUARTERS
FOR THE GENERAL MEETING
OF THE
CANADIAN NURSES
ASSOCIATION
June 22nd-27th, 1942.

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DISTRICT 9

NORTH BAY :

At a recent Chapter meeting motion pictures were shown of Hawaii. It has been decided to hold a bake sale to raise funds for the British Nurses Relief Fund.

SAULT STE. MARIE :

Dr. C. H. Greig recently addressed the Chapter on the various treatments now in use for war wounds as compared with treatments used in the Great War and Spanish War.

Miss Madalene Baker, of London, Ontario, presented the growing need for organizing a central registry, emphasizing that registries strengthen the relationship between physicians, nurses and laymen, and between hospitals and nurses. An investigating committee was appointed to study this subject.

KIRKLAND LAKE :

Miss Vera Hall, convener of the aid to the British Nurses Relief Fund, reported that an average of $10 a month had been collected. The holding of a class on air raid precautions is under consideration.

SUDBURY :

A meeting was held recently when Miss Madalene Baker addressed the nurses regarding the establishing of a central registry. Miss Baker was guest of honour at a tea held at the Copper Cliff Club. Practice of first aid procedures follows the regular chapter meetings.

Ways and means of raising money for the British Nurses Relief Fund was considered at a recent Chapter meeting. The students of St. Joseph's Hospital have contributed to this fund.

MUSKOKA :

At a Chapter meeting held recently Dr. M. M. Fisher, of Gravenhurst, addressed the meeting on the advancement made in medical research in the past twenty years. Interesting motion pictures were shown by Mr. Norman Wright. Miss Adelaide McKnight read a paper on Japan giving facts regarding its particular and peculiar attitude and belief in its divine right and fatalistic viewpoint.

Closer co-operation is to be maintained with the local Red Cross in connection with the collection of salvage.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Catherine McKim (1933), Miss Margaret Lindsay (1939), and Miss Olga Morgan (1938) have been appointed as nursing sisters to serve in the military hospitals in South Africa. Miss Anne Cromwell (1925) and Miss E. C. Schroeder (1939) have been appointed nursing sisters to serve with the R.C.A.M.C., and are on the staff of a western hospital overseas. Miss Isabel Murphy (1926), who has been on the staff of Dr. Kelley's Hospital at Hawkesbury, Ontario, has been appointed to the R.C.A.M.C. as nursing sister.

The following marriages have recently taken place: J. Marion Lawton (1941) to Harold D. Parsons; Florence Miller (1940) to William R. Mason.

Royal Victoria Hospital:

Madame Pozmanzka, who was the guest speaker at a recent meeting of the Alumnae Association of the Royal Victoria Hospital, gave an interesting talk on "Poland — Past and Present". A recent visitor to the School of Nursing was Mrs. A. C. Farlinger (Sara McCorquodale, 1919). Miss Jean MacKenzie, head nurse on Ward G, Men's Surgical Ward, has resigned.

The following marriages of Royal Victoria Hospital graduates have recently taken place: Esther Hood (1939) to Dr. T. H. West; E. Jean Blenkhorn (1940) to Sgt. E. Frank Carey, R.C.A.M.C.; Ellen Smith (1939) to Clinton McCutcheon.

Jewish General Hospital:

The nursing staff of the Jewish General Hospital have donated $36.75 to the Canadian Red Cross Russian Appeal as the result of a recent entertainment, and $27.50 to the Canadian Red Cross as the result of a similar party held at a later date.

SASKATCHEWAN

REGINA:

Regina General Hospital:

Very successful refresher courses for inactive nurses have been held during the winter months under the auspices of the Hospital and School of Nursing Section of the Saskatchewan Registered Nurses Association at Humboldt, Moose Jaw, Prince Albert, Saskatoon, and Regina. Publicity was given to the venture through the press and radio. Among the subjects was included a course in first aid by an instructor of the St. John Ambulance Association. A short intensive

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For further information, and the necessary forms, please apply to **Miss Catherine L. Anderson, Montreal General Hospital.** Completed applications should be returned not later than **June 1, 1942.**

period was the method used by most of the subsections. In Regina the course started on November 4, and a two-hour meeting each week was carried on until March 24. A surprisingly large number of inactive nurses registered, and were most enthusiastic. Several of the centres have either given or are planning to offer a short refresher period on the wards of the local hospitals.

Miss Georgina Glasgow (1941) has recently been appointed charge nurse of Surgical Ward J.

Married: Recently, Miss Erna Meyer to Dr. J. J. Cunningham.

NEWFOUNDLAND

ST. JOHN'S:

The Newfoundland Graduate Nurses Association recently held a meeting with Miss Rose Berrigan presiding. The speaker of the evening, who was introduced by Miss Annie Bishop, was Surgeon Lieutenant W. C. MacKenzie, R.C.N.V.R., who spoke on the modern treatment of fresh traumatic wounds. The use of sulphanilimide powder, after the thorough cleansing of wounds, was strongly emphasized. The lecture was thoroughly enjoyed and closely followed. A lively discussion took place, classic cases were presented, leaving no doubt as to the efficacy of the treatment. A vote of thanks was extended to the speaker by Miss Syretha Squires, who took the opportunity to give, on behalf of the Association, a hearty welcome to the American and Canadian nurses who were the special guests. Miss Squires said, in part, "We welcome you as a brave band of women willing to undertake the vicissitudes of army nursing in any part of the world, and thereby emblazoning the Red Cross on the banners of human suffering". The American nurses are under the supervision of Lieut. Kurtz, R.N., who is a graduate of the well-known Walter Reed Military Hospital. Mrs. Mosher, R.N., represented the U.S. Engineer's Hospital, and the newly appointed Matron of the Naval Hospital, Miss Tibbard, R.N., was the Canadian representative.

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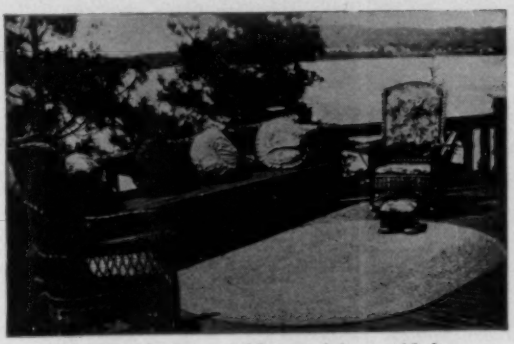

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Applications are invited from registered nurses for **General Duty** in a **Tuberculosis Sanatorium** of 360 beds. When writing please state previous experience, age, etc. The salary offered is $60 a month, with full maintenance. Address applications to:

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Superintendent of Nurses, Homoeopathic Hospital, Montreal, P.Q.

. . . OFF . . . DUTY . . .

Not long ago . . . a group of editors held a meeting . . . to discuss ways and means of preventing waste . . . We Canadians have been an extravagant and careless lot . . . and now we must learn to accept short rations . . . We were the only woman present . . . and we darkly suspect we should not have been there at all if our sex had been known beforehand . . . Under these distressing circumstances . . . all we could do was to take an inconspicuous seat behind a convenient pillar . . . and try to get the benefit of hearing some uninhibited masculine comment . . . Conservation was admitted to be both desirable and necessary . . . but one of our fellow-craftsmen deplored the unseemly rush of selfish persons to purchase rationed articles . . . He said that as soon as he heard that the government might commandeer rubber he sent his secretary rushing round the five-and-ten but they hadn't a rubber band left in the place. We cowered behind our pillar hiding our guilty knowledge that we had selfishly beaten the gentleman to it . . . and that if only they don't perish, we have a nice little hoard and even a few erasers . . . Then they began to talk about men's clothing . . . One rugged individualist . . . clad in baggy tweeds and smoking a bulldog pipe . . . said that this business of regulating how suits are to be cut is all poppycock . . . "What right has the government to say I can't have cuffs on my trousers? Just let them tell me how much I can spend for cloth and let me do the worrying about the pocket flaps. They've got a war on their hands haven't they?" . . . Then a meek little man, who looked as though he might be hen-pecked at home . . . suddenly became quite eloquent . . . "We've got to be firm with the women", he said, "we must lay down specifications and stick to them . . . they should all be put in uniform . . . it's the only way you can keep them in line" . . . There seemed to be a general impression that these stern disciplinary measures, while quite justifiable, might be difficult to enforce . . . The rugged individualist blew a smoke-ring and looked meditatively at the ceiling . . . "No use trying to boss them", said he . . . "it only makes them stubborn . . . some of them don't look so good in uniform . . . better let them make dresses out of curtains if they want to . . . anything to keep peace in the house" . . . The hen-pecked little man subsided . . . and the talk drifted to tires and oil . . . We found our thoughts wandering back to women . . . and their unwillingness to accept regimentation . . . After all, men are slaves to convention . . . in dress as in all else . . . and cling to meaningless appendages such as trouser cuffs and pocket flaps even in wartime . . . But women are born rebels and resist coercion . . . Uniforms, yes, under certain circumstances . . . provided it is understood that the living room curtains may suffer a sea-change if necessary . . . Our curtains are past praying for . . . but we have got a couple of chintz dress bags . . . with a cheerful pattern of parrots against a tropical background . . . Carefully unpicked and sewn together, they would make one more evening gown . . . before the hen-pecked little man puts us all into uniform . . .

— E. J.

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District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss Alice Hunter; Sec.-Treas., Miss Dorothy Chedister, General Hospital, Port Arthur; *Councillors*: Miss J. Hogarth, Miss V. Lovelace, Miss J. Berry; *Committee Conveners: Hospital & School of Nursing*, Miss L. Horwood; *General Nursing*, Miss I. Morrison; *Public Health*, Miss Q. Donaldson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections: Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Mlles Roy, Trudel, Giroux; *Advisory Board*: Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Mlles Anysie Deland, Maria Beaumier, Edna Lynch; *Conveners of Sections: General Nursing* (English), To be appointed; *General Nursing* (French), Mlle Anne-Marie Robert, 5484-A rue St. Denis, Montreal; *Hospital and School of Nursing* (English), Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing* (French), Rév. Soeur Mance Décary, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Mlles Alexina Marchessault, Anysie Deland, Suzanne Giroux; Exe-

cutive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

Hon. Pres., Miss A. Lawrie; Pres., Miss K Morton; Vice-Pres., Miss R. Simpson; Sec., Miss E. Howard, General Hospital; Treas. & Registrar, Miss L. Dahl; *Conveners*: *Registry*, Miss L. Lynch; *Membership*, Miss K. McLachlan; *Entertainment*, Miss Spelliscy; *General Nursing*, Miss R. Wozny; *Public Health*, Miss F. Dean; *Hospital & School of Nursing*, Miss M. Zens.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. Pres., Misses S. Macdonald, A. Hebert; Hon. Members: Misses M. Moodie, J. Murphy, A. Casey; Pres. Mrs. A. Warrington; First Vice-Pres., Mrs. G. McPherson; Sec. Vice-Pres., Mrs. T. Ellis; Rec. Sec., Mrs. J. McIntyre; Corr. Sec., Miss J. Cumming, 238 Crescent Rd.; Treas., Mrs. B. Charles; *Membership*, Mrs. A. Wilson; *Press*, Miss C. Rose.

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A.A., Edmonton General Hospital, Edmonton

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A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

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A.A., Vegreville General Hospital, Vegreville

Hon. President, Sister Anna Keohane; Hon. Vice-President, Sister J. Boisseau; President, Mrs. Stanley Walker, Vegreville; Vice-President, Mrs. Rennie Landry, Vegreville; Secretary-Treasurer, Miss Annie Askin, Box 213, Vegreville; *Visiting Committee* (chosen monthly).

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A.A., St. Paul's Hospital, Vancouver

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A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

A.A., St. Boniface Hospital, St. Boniface

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A.A., Children's Hospital, Winnipeg

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A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss I. McDiarmid; First Vice-Pres., Miss C. Lethbridge; Sec. Vice-Pres., Miss T. Wiggins; Third Vice-Pres., Miss E. Wilson; Rec. Sec., Miss J. Smith; Corr. Sec., Miss T. Fredrickson, 630 Maryland St.; Treas., Miss F. Stratton; *Committee Conveners*: *Program*, Mrs. W. H. Anderson; *Membership*, Miss B. V. Seeman; *Visiting*, Mrs. J. F. Page; *Journal*, Mrs. W. G. Beaton; *School of Nursing*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Central Directory*, Miss A. Howard; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonner; *Council of Women*, Miss M. McGillvray; *Council of Social Agencies*, Miss B. McClung.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. J. Mitchell; Pres., Miss G. Brown; First Vice-Pres., Mrs. H. L. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss F. Congdon, S.J.G.H.; Treas., Miss H. Tracy, S.J.G.H.; Assist. Treas., Miss R. Wilson; *Executive*: Misses M. Murdoch, P. White, B. Bain, Mrs. J. Wilson.

A.A., L. P. Fisher Memorial Hospital, Woodstock

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A.A., Glace Bay General Hospital, Glace Bay

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A.A., Halifax Infirmary, Halifax

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A.A., Victoria General Hospital, Halifax

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ONTARIO

A.A., Belleville General Hospital, Belleville

Pres., Miss D. Williams; First Vice-Pres., Miss N. DiCola; Sec. Vice-Pres., Miss M. Peacock; Sec., Miss Edna Sullivan, General Hospital; Treas., Miss M. Leury; Registrar, Miss M. Duncan; *Committee Conveners*: *Flowers*, Miss D. Hogle; *Social*, Miss D. Warren; *Program*, Miss M. Fitzgerald; *Rep.* to *The Canadian Nurse* & *Press*, Miss M. Plumton.

A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. McKee; Pres., Mrs. S. Barber; Vice-Pres., Mrs. A. Grierson; Sec., Miss I. Feely, General Hospital; Treas., Miss J. Rousell; *Committee Conveners*: *Social*, Mrs. G. Thompson, Miss M. Robertson; *Flower*, Misses N. Yardley, R. Moffat; *Gift*, Misses K. Charnley, H. Muir; *Reps.* to: *The Canadian Nurse* & *Press*, Miss M. Copeland; *Private Duty Section*, Miss E. Scott; *Local Council of Women*, Mmes W. Riddolls, A. Mizon, R. Smith; *Red Cross*, Miss E. Lewis.

A.A., Brockville General Hospital, Brockville

Hon. Presidents, Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Mrs. W. Cooke; Sec. Vice-Pres., Miss L. Merkley; Sec., Miss H. Corbett, 127 Pearl St. E.; Ass. Sec., Mrs. E. Finlay; Treas., Mrs. H. Van Dusen; *Committee Conveners*: *Social*, Mrs. H. Green; *Flower*, Miss Kendrick; *Program*, Mrs. Derry; *Rep.* to *The Canadian Nurse*, Miss Corbett.

A.A., Public General Hospital, Chatham

Hon. Pres., Miss P. Campbell; Pres., Miss L. Hastings; First Vice-Pres., Miss F. Armstrong; Rec. Sec., Miss V. Carnes; Corr. Sec., Miss M. Gilbert, 104 Harvey St.; Treas., Miss J. Rickard; *Committees*: *Flowers*: Miss Malott; *Social*: Miss Purcell, Mrs. Goldrick; *Refreshments*: Mrs. Bourne, Miss Houston; *Councillors*: Misses Head, Dyer, Baird, McNaughton; *Reps. to Press*: Miss Patterson; *The Canadian Nurse*: Miss L. Smyth.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Mother M. Pascal; Hon. Vice-Pres., Sister M. St. Anthony; President, Miss Hazel Gray; First Vice-Pres., Mrs. A. E. Roberts; Sec. Vice-Pres., Miss May Boyle; Secretary-Treasurer, Miss Mary-Clare Zink, 4 Robertson Ave.; Corr. Sec., Miss Anne Kenny; *Representative* to *The Canadian Nurse*, Miss Ursula O'Neill.

A.A., Cornwall General Hospital, Cornwall

Hon. Pres., Miss H. C. Wilson; Pres., Miss E. Allen; First Vice-Pres., Mrs. M. Quail; Sec.-Treas., Miss G. Meyer, General Hospital; *Committee Conveners: Program*, Miss M. Summers; *Social Finance*, Miss M. Franklin; *Flower*: Miss E. Rustin, Miss G. Meyer; *Visiting*: Mrs. Wagoner, Mrs. Frayne; *Membership*, Miss G. Rowe; *Rep.* to *The Canadian Nurse*, Miss B. Kinkaid.

A.A., Galt Hospital, Galt

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A.A., Guelph General Hospital, Guelph

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A.A., St. Joseph's Hospital, Guelph

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. M. Dominica; Pres., Miss Doris Milton; Vice-Pres., Miss Eva Murphy; Rec. Sec., Miss Henrietta McGillivary; Corr. Sec., Miss Mary Heffernan, 121 Duflin St.; Treas., Miss Hazel Harding; *Social Convener*, Miss Marian Meagher; *Rep.* to *The Canadian Nurse*, Miss M. Heffernan.

A.A., Hamilton General Hospital, Hamilton

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A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Alphonsa; Pres., Mrs. B. Markle; First Vice-Pres., Miss B. Cocker; Treas., Miss L. Curry; Rec. Sec., Miss F. Nicholson; Corr. Sec., Miss E. Moran, 95 Victoria Ave. S.; *Executive*: Misses Crane, Dynes, Miller, McManamy, Hayes, Quinn, Markle, Neal; *Entertainment*, Miss A. Williams; *Rep.* to *The Canadian Nurse*, Miss J. Stevenson.

A.A., Hôtel-Dieu, Kingston

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A.A., Kingston General Hospital, Kingston

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A.A., Kitchener and Waterloo General Hospital, Kitchener

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A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Rev. Sr. M. Gerard; Hon. Vice-Pres., Rev. Sr. M. Geraldine; Pres., Miss Millie A. G. Brand; Vice-Pres., Miss Jean Pickard; Rec. Sec., Miss Melva Lapsley; Corr. Sec., Miss Marie A. Lorentz, 92 Victoria St. S., Waterloo; Treas., Miss Beatrice Hertel.

A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. S. Reid; Pres., Mrs. M. Thurston; First Vice-Pres., Miss G. Lehigh; Sec., Miss Doris Currins, Lindsay, R.R. 6; Treas., Mrs. U. Cresswell; *Committee Conveners: Program*: Misses Harding, Wilson; *Refreshments*: Misses Stewart, Kirley; *Flowers*, Miss M. Brackenridge; *Press*, Miss B. Owen; *Red Cross Supply*, Miss A. Flett.

A.A., Ontario Hospital, London

Hon. Pres., Miss F. M. Thomas; Pres., Mrs. F. Cline; Vice-Pres., Mrs. K. Schlimme, Miss N. Stewart; Sec., Mrs. M. Millen, 398 Spruce St.; Ass. Sec., Mrs. E. Stutt; Treas., Miss N. Williams; *Committee Conveners: Flower*, Mrs. E. Grosvener; *Social*, Misses L. Steele, V. Johnson; *Social Service*, Miss F. Stevenson; *Parcels for Armed Forces*, Miss N. Williams; *Publications*, Mrs. P. Robb.

A.A., St. Joseph's Hospital, London

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A.A., Victoria Hospital, London

Hon. Pres., Miss H. M. Stuart; Hon. Vice-Pres., Mrs. A. E. Silverwood; Pres., Miss G. Erskine; First Vice-Pres., Miss M. Stevenson; Sec. Vice-Pres., Miss A. Mallock; Rec. Sec., Miss A. Versteeg; Corr. Sec., Mrs. M. Ripley, 422 Central Ave.; Treas., Miss E. O'Rourke, 188 Colbourne St.; *Publications*: Misses L. MacGugan, E. Stephens.

A.A., Niagara Falls General Hospital, Niagara Falls

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A.A., Orillia Soldiers' Memorial Hospital, Orillia

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A.A., Oshawa General Hospital, Oshawa

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A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Pres., Mrs. W. S. Lyman; Pres., Mrs. W. E. Caven; Vice-Pres., Miss G. Halpenny; Sec., Mrs. P. R. Grant, 74 Byron Ave.; Treas., Mrs. G. C. Bennett; *Board of Directors*: Mrs. Waddell, Misses McNiece, McGibbon, Flack; *Flower Convener*, Miss E. Booth; *Representatives* to: *Press*, Miss G. Halpenny; *Registry*: Misses M. Slinn, E. Curry; *The Canadian Nurse*, Mrs. V. Boles.

A.A., Ottawa Civic Hospital, Ottawa

Hon. Pres., Miss G. M. Bennett; Pres., Miss D. Ogilvie; First Vice-Pres., Miss L. Gourlay; Sec. Vice-Pres., Miss G. Ferguson; Rec. Sec., Miss G. Wilson; Corr. Sec. & Press, Miss M. Tullis O.C.H.; Treas., Miss D. Johnston, 98 Holland Ave.; *Councillors*: Mmes M. Johnston, H. Kidd, G. Dunning, E. Haines, Misses Fleiger, H. Wilson; *Committee Conveners*: *Flower*, Miss H. King; *Visiting*, Miss Joyce; *Reps.* to: *Central Registry*, Misses R. Alexander, O. Bradley, E. Graydon, C. McLeod.

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sr. Flavie Domitille; Hon. Vice.-Pres., Rev. Sr. Helen of Rome; Pres., Miss Viola Foran; First Vice-Pres., Miss Alice Proulx; Sec. Vice-Pres., Miss Rose Therien; Secretary-Treasurer, Miss Lucille Brule, 95 Glen Ave.; *Membership Secretary*, Miss Florence Lepine; *Councillors*: Mmes E. Viau, L. Dunn, Misses E. Byrne, M. Prindeville, J. Larochelle.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres. Mrs. W. H. Johnston; Vice-Pres., Mrs. J. Pritchard; Sec., Mrs. J. Hall, 17 Openago Rd.; Treas., Mrs. J. W. Shore; *Committees*: *Flowers*: Misses Lewis, Craig; *Refreshments*: Misses Nelson, Allen; *Reps.* to: *Central Registry*: Mrs. Brown, Miss Heron; *Local Council of Women*, Mrs. Mothersill; *Press*, Miss Johnston.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Honourary Presidents, Miss E. Webster, Miss R. Brown; President, Miss C. MacKeen; First Vice-President, Miss V. Reid; Secretary-Treasurer, Mrs. Ralph Snelgrove, 750 Second Avenue, West; *Representative* to *R.N.A.O.*, Miss P. Ellis.

A.A., Nicholls Hospital, Peterborough

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